



Metropolitan Preparatory Academy

1 Duncan Mill Road • Toronto, Ontario • M3B 1Z2 • MetroPrep.com

2024-2025 REGISTRATION

STUDENT INFORMATION

Student's Full Name: surname, first, middle , _____ , _____

Application for Grade: _____ Date of Birth: d/m/y _____ / _____ / _____ Gender: Male Female Specify: _____

Residency: Canadian Citizen Permanent Resident (specify details below) _____ First Language: _____

If Permanent Resident, Country of Citizenship: _____ Entrance to Canada: d/m/y _____ / _____ / _____

Present Address: _____

City: _____ Province: _____ Postal Code: _____ Home Phone: _____

Student Email: _____ Student Mobile Phone: _____

Current School: _____ Current Grade: _____

Address of School: _____ School Phone: _____

Future University Program Goal: example: Business, Engineering _____

Religious Holidays Observed: _____

Names & Ages of Siblings: _____

How did you hear about Metropolitan Preparatory Academy? _____

PARENT/GUARDIAN INFORMATION

Student Lives With: choose all that apply Mother & Father Alternating Mother/Father Mother Father
 Stepmother Stepfather Guardian Other: (specify) _____

Mother/Guardian 1 Name: surname, first , _____

Home Address: if different from student _____

Home Phone: if different from student _____ Mobile Phone: _____

Employer: _____ Work Phone: _____

Occupation: _____ Email: _____

Father/Guardian 2 Name: surname, first , _____

Home Address: if different from student _____

Home Phone: if different from student _____ Mobile Phone: _____

Employer: _____ Work Phone: _____

Occupation: _____ Email: _____

ADDITIONAL REQUIREMENTS

- When submitting this application, please include the following:
- Deposit of \$2,000.00 (non-refundable once your child has been accepted)
 - Official Copy of Student Transcript and most recent School Reports
 - Signature and Date at the bottom of every page (all forms must be fully completed)

The deposit can be provided as a cheque made payable to **Metropolitan Prep Academy Inc.** or by e-transfer to **pay@metroprep.com**.

I/We agree to pay all school fees and incidental expenses and to adhere to the Metropolitan Preparatory Academy Code of Conduct, including School and Classroom Rules. I/We understand that if the student withdraws or is expelled from the semester, there be will no refund of school fees. I/We acknowledge that this agreement remains in effect for the student's entire tenure at Metropolitan Preparatory Academy.

Date

Mother/Guardian 1 Signature

Father/Guardian 2 Signature



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2024-2025 TUITION

\$12,780 Per Semester

SCHOOL FEE RESPONSIBILITIES

Student's Full Name: surname, first, middle _____ , _____ , _____

Mother/Guardian 1 Name: surname, first _____ , _____

Father/Guardian 2 Name: surname, first _____ , _____

This form must be signed by the person/persons who will be responsible for payment of tuition fees plus any additional costs.

If payment is to be divided, this information must be provided in advance. Please note copies of legal documents may be requested.

Please choose the appropriate option:

- All billings to both parents/guardians, as listed above
- All billings to mother/guardian 1 only, as listed above
- All billings to father/guardian 2 only, as listed above
- All billings to another person: surname, first _____ , _____

I/We agree to pay all tuition fees, deposits, dues, accounts, and other indebtedness incurred by the student or on the student's behalf while enrolled at Metropolitan Preparatory Academy.

I/We understand that the obligation to pay the tuition fees for the full 2024-2025 academic year is unconditional. Further, no portion of such fees so paid or outstanding will be refunded or cancelled in the event of absence, withdrawal or dismissal of the above student from the school except as follows:

- There can be no reduction in fees pertaining to the billing period in which a student is withdrawn.

I/We understand that the fee installment for the second semester will be waived if notice of withdrawal is given in writing by November 10.

I/We understand that special consideration will be given in cases of prolonged absence due to medical reasons.

Date

Mother/Guardian 1 Signature

Father/Guardian 2 Signature

Other Signature (if chosen above)



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MEDICAL PROFILE

Student's Full Name: surname, first, middle _____ , _____ , _____

Date of Birth: d/m/y _____ / _____ / _____ Gender: Male Female Specify: _____

Student's Health Card Number: _____

EMERGENCY CONTACTS

In case of emergency, please notify:

Father: surname, first _____ , _____ Phone: _____

Mother: surname, first _____ , _____ Phone: _____

Guardian: surname, first _____ , _____ Phone: _____

Alternate: surname, first _____ , _____ Phone: _____

Relationship to Student: _____

MEDICAL HISTORY

Please indicate if your child has (or has had) each of the following:

YES NO

Epilepsy

Diabetes

Heart Trouble

Asthma

Ulcer or Stomach Problems

Previous Back Injury

Kidney Disease

Has your child ever been under psychiatric care, or treated for a nervous disorder?

Does your child take a prescription medication on a daily basis? (if yes, provide details below)

Allergies (if yes, provide details below)

If allergic to foods or insect bites, does your child carry an EpiPen?

Immunizations are Up-To-Date

Please Note: at age 16, students should have received a booster shot for tetanus, diphtheria and pertussis

Any other medical condition we should be aware of:

Date

Parent/Guardian Signature



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ONTARIO STUDENT RECORD (OSR) TRANSFER REQUEST

*Must be completed to attend Metropolitan Preparatory Academy
If a student previously attended another school in the province of Ontario*

Student's Name: _____
Surname First Name Middle Name

Date of Birth: _____ / _____ / _____
Day Month Year

Home Address: _____
Street

City Province

Postal Code

To Whom It May Concern:

The Ministry of Education requests that schools obtain written permission from parents/guardians for the transfer of student records from one school to another.

I hereby give my permission for Metropolitan Preparatory Academy to obtain the Ontario School Record for the above student.

Date

Parent/Guardian Signature

School Last Attended: _____

School Address: _____
Street

City Province

Postal Code

School Phone Number: (_____) _____

School Fax Number: (_____) _____

Thank you,

Metropolitan Preparatory Academy