



STRATAGEM
LEARNING INTERNATIONAL

Application Form

Student Name

First Name

Middle Name

Last Name

Home Address

Street Address

Street Address Line 2

City

State / Province / Country

Postal / Zip Code

Student Phone Number

Area Code

Phone Number

Student Email

example@example.com

Gender

Male

Female

Student Date of Birth

 

Day

Month

Year

Languages Spoken

Educational Background

Completed High School (Gr 12)

Grade 11

Grade 10

List top 3 career goals

Parent / Guardian Name

First Name

Middle Name

Last Name

Parent / Guardian Email

example@example.com

Parent / Guardian Phone Number

Area Code

Phone Number

Parent / Guardian Signature

**Please submit completed application form to admin@stratagemedu.com*