

Entrance examination application

COMPLETE IN BLOCK LETTERS 1- CITY (check one box) Montreal ☐ Toronto ■ Vancouver Paris 2- PROGRAM (check one box and option if applicable) ☐ Diploma of Collegial Studies in Circus Arts DEC Option generalist Option specialist ___ ☐ Diploma of the National Circus School DEE Option generalist 🔲 Option specialist ___ ☐ Circus and High School Studies CES Preparation for Advanced Training PFS **3- CANDIDATE** As shown on the Quebec Ministry of Education, Leisure and Sport Permanent code Mother tongue :

French Other English Usual language : French ☐ Other English Last name at birth First name Date of birth **4- PERMANENT ADDRESS** Number Street/Rural Route/P.O. Box Apartment Home telephone number area code Province/State City/Village Other telephone number Country **Postal Code** E-mail

Parent's E-mail _ (If for minor candidates)

5- ADDITIONAL II	NFORMATION															
Place of birth	Province of Quebec		Elsewhere in Cana	Ouside	Ouside Canada Specify city or locality and country											
Legal status	Canadian		Permanent	Student	Other than	Fath	Father's last name (even if deceased)									
in Canada	citizen	Ш	resident	visa	Canada											
Haalah inamana aa aand	b		Frankis da	4.		Fath	ner's firs	st nam	1 e (even i	f deceased)						•
Health insurance card	number		Expiry dat	te												
(for Canadians only)			Year	Month		Mot	ther's m	aiden	name	(even if de	eceased)					
Country of citizenship	(if you answered "other" to leg	gal status	;)	_		Mot	ther's fi	rst naı	ne (ever	if decease	d)					
Current occupation (ch	eck one box) 🔲 Stude	nt _	W orking	Other												
	. 11 12 12 12												_	—		
Are you presently enr. Yes If yes		ol:					Cu	rrent	level:							
□ Na 16							.,									
☐ No If no	indicate nigne	st ieve	ei compietea:				Year:									
	Name of schoo	ol:														
				vere (choc	k one box)											
7- REQUEST FOR	HOUSING IN TH	IE NE	EW RESIDE	NCE2 (cuec	k one box)								_	_		
The National Circus So	hool offers lodging	g for r	minor student	is.												
If you are admitted in	one of the progran	n, wo	uld you like to	have your plac	ce in the Residence	es? 🔲 \	Yes 🔲	No								
What option would yo	ou chose ?															
5-days-per-week o	ption (Sunday eve	ning ı	until Friday af	ternoon)												
7-days-per-week o	ption															
8- SIGNATURE																
I hereby declare that the Education, Leisure and S													e Min	istry	of	
	SIGNATURE OF CANDIDAT	ΓE			DATE			Sic	SNATURE	OF PAREN	IT OR GU	ARDIAN	1			
									(if un	der18 y	ears ol	d)				
To be completed only by the c	andidate who qualifies fo	r the Ge	eographical dispen	sation from attendin	g the Entrance examinat	ion.			_							
9- STATEMENT IN	CONNECTION V	NITH	I GEOGRAP	HICAL DISPE	NSATION TO (1,000 km	or mo	re)								
I enclose a video respor any way that would affe	-			ia. I hereby decla	are that it correspon	nds with my	y abilitie	es and	skills.	It has n	ot bee	n tec	hnica	ılly m	odifi	ied in
SIGNATURE OF CANDIDATE					DATE		SIGNATURE OF WITNESS									

