



www.sasscanada.ca  
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## Application For Student Academic Success Strategies Service in Canada

We, the parents/legal guardians of the child named below, hereby appoint a representative of Student Academic Success Strategies Inc to monitor our child's academic study process and provide academic counseling in Canada.

<b>Student's Last Name</b>	<b>Student's First Name</b>
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Birth date dd/mm/yyyy <input type="text"/> / <input type="text"/> / <input type="text"/>
Name and address of the school in Canada	
The period of Student Academic Success Strategies Service required	From/Until

### Mother's Information

### Father's Information

Mother's Full Name	Father's Full Name
Date of Birth: _____ (day) _____ (month) _____ (year)	Date of Birth: _____ (day) _____ (month) _____ (year)
Home Address	Home Address
Home Phone/Work phone:	Home Phone/Work phone:
Mother's Email:	Father's Email:

Student's Full Name \_\_\_\_\_

Address in Canada \_\_\_\_\_

Student's Email/Skype contact/Phone number \_\_\_\_\_

By signing this application form we confirm that we read and we understood the Statement of Terms and Conditions for the Student Academic Success Strategies Service in Canada and agree to the terms and conditions as indicated. We agree to pay the associated service fees as indicated in the SASS fee schedule.

Signature of the Student's Mother

Signature of the Student's Father

Signature of the Student

Date Signed:  /  /

Date Signed:  /  /

Date Signed:  /  /

Please read the attached Terms and Conditions and then sign and send it along with completed Student Academic Success Strategies Service application to Student Academic Success Strategies office email info@sasscanada.ca