TORONTO ACADEMY OF ACTING FOR FILM & TELEVISION
866 The Queensway, Suite #200 , Toronto, M8Z 1N7
416-536-8574 or 647 280 7407
register@torontoacademyofacting.com
www.torontoacademyofacting.com

2027 CANADIAN APPLICATION FORM FOR CERTIFICATE PROGRAM "INTRODUCTION TO ACTING" *APPROVED AS A VOCATIONAL PROGRAM UNDER THE ONTARIO CAREER COLLEGES ACT 2005 and the regulations made under the Act.*

Each applicant who is applying for admission to the Academy is required to furnish the information necessary for the Academy's records.

1) Have an Ontario Secondary Schoo1 Dip1oma to be submitted, or equivalent OR If you have not completed High School with a Diploma but are at least nineteen years of age or o1der in order to pass a Superintendent approved qua1ifying test known as the Wonder1ic test which is provided by the Academy. Student can either attend in person at the Academy to do the test or ask to do the test on line. Test results must be submitted with the application form **OR** provide the New Canadian Adu1t Education Credentia1 (CAEC) issued by a Canadian province or territory.

2) Must be Canadian citizens, Canadians residing outside of Canada, Naturalized Canadians, or Landed Immigrants must provide: Proof of Canadian Citizenship or Proof of Landed Immigrant Status.

3) A statement of personal interest explaining in detail, in your own words, your reasons for applying to the Academy, any past skills student can apply to this program, your future goals and ambitions once you have completed the program (250-500 words).

SELECT WHICH SEMESTER YOU WISH TO ATTEND

MAY 10, 2027 ☐

JANUARY 11, 2027 ☐ SEPT. 7 2027 ☐

Tuition: $3, 800.00 CDN PLUS TWO EDITED FILM SCENES $600.00 + HST.

To apply, send the completed application and all required materials to:

admin@torontoacademyofacting.com

In Person: 866 The Queensway, Suite #200,Toronto Ontario

Regular Mail or Courier: 866 The Queensway, Suite #200,Toronto, Ontario,M8Z 1N7
Attention Admission Dept.

PLEASE FILL OUT ALL INFORMATION

SURNAME: _____

FIRST NAME: _____ MR. MRS. MS.

AGE: _____

PERMANENT ADDRESS:

MAILING ADDRESS (IF DIFFERENCE FROM ABOVE):

POSTAL CODE _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH (DD/MM/YYYY): _____

EMERGENCY CONTACT (DAY): _____ RELATIONSHIP: _____

EMERGENCY CONTACT (EVENING): _____ RELATIONSHIP: _____

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ADMISSION GUIDELINES & TUITION FEE

Student will receive an enrollment contract by email. A signed copy of the enrollment contract must be received by the Academy no later than 10 business days after receipt of the contract by the student. Tuition fee for Canadian students is $3,800.00. A deposit of $500.00 will be required to secure your spot with the balance of the tuition fee due on the first day of training. Tuition fee can be paid by credit card, on line E-Transfer, wired funds or bank draft. Application fee is non refundable.

_____ acknowledge by signing that I have read and understand the entire content of the aforementioned agreement.

_____ _____

Signature of Applicant
18 years of age or older

Signature of Witness

If the Student is processing payment of $150.00 by credit card please fill out below.

VISA ☐ MASTERCARD ☐ E TRANSFER ☐

Credit Card V/M/ No._____
Expiry Date_____
Card Holder's Name_____
3 digit Security Code _____ (on back of credit card)
I hereby authorize the Toronto Academy of Acting for Film & Television to process the Credit card no. for the above amount

_____
Signature of Cardholder

Student would like to pay on line application fee through Square ☐