



Kintore College Student Residence & Cultural Centre
75 Charles St. W, Toronto, Canada M5S 1K5
info@kintorecollege.ca | 416.944.8323

Residence Application Form

Name: _____ Home phone number: _____

Cell phone number: _____ Email: _____

Current mailing address: _____ Date of Birth (month, day, year) _____

Place of birth: _____ Language(s) spoken: _____

Name, address, and phone number of parent/guardian to contact in case of emergency:

Name: _____ Relation: _____

Home phone: _____ Address: _____

Alternate phone: _____

School last attended: _____

Extracurriculars and hobbies: _____

Dietary Restrictions: _____

Allergies & other medical conditions: _____

How did you hear about Kintore? _____

Why would you like to live at this residence?

University or college you will be attending: _____

Year: _____ Program: _____ Faculty/College: _____

Arrival date at residence: _____ Departure Date: _____

I have attached:

☐ My most recent school transcript

☐ Two letters of reference

☐ Proof of registration/acceptance offer

☐ 1 Passport sized photo

Signature: _____ Date: _____

Signature or parent or guardian: _____ Date: _____