



ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΜΗΤΡΟΠΟΛΙΣ ΤΟΡΟΝΤΟ (ΚΑΝΑΔΑ)
GREEK ORTHODOX METROPOLIS OF TORONTO (CANADA) • LA MÉTROPOLE GRECQUE ORTHODOXE DE TORONTO (CANADA)

TORONTO ORTHODOX THEOLOGICAL ACADEMY

86 Overlea Blvd (1 Patriarch Bartholomew Way), Toronto, Ontario M4H 1C6
Telephone: (416) 429-5757 • Fax: (416) 429-4588

APPLICATION FOR ADMISSION

Personal Details

➤ Legal Name

Surname	First	Middle

Date of Birth (YYYY-MM-DD)	
Place of Birth (City, Country)	

➤ Home Address

Number and Street	
City/Town	
Province/State and Country	
Postal/Zip Code	

➤ Mailing Address (if different from above)

Number and Street	
City/Town	
Province/State and Country	
Postal/Zip Code	

➤ Contact Information

Telephone Number	
Alternate Number	
E-mail Address	

Parish / Pastoral Experience

List chronologically your experience in Church work.

Dates of Activity	Type of Work	Place of Work

Church Information

Religious Affiliation <ul style="list-style-type: none">• If Orthodox, name Jurisdiction	
Home Parish <ul style="list-style-type: none">• Metropolis / Diocese• Address	
Parish Priest	

Have you consulted with your parish priest about studying at the Toronto Orthodox Theological Academy?

Yes

No

Professional Work Experience

List chronologically the positions you have held.

Title/Description of Position	Name of Employer	Dates of Employment	Full-time/Part-time/ Summer Position

Extracurricular, Civic or Community Activities

List Chronologically

Activity / Date	Time Commitment (hours per week)	Description of Work; Positions Held; Honours Won

Educational Experience

List Chronologically

School	Location	Dates Attended	Major/Minor	Degree Earned

If you are currently not attending school, please check here:

➤ Describe, in detail, on a separate sheet, your activities since your last school enrolment.

- Academic Honours

Describe any academic distinctions, honours or awards you have earned in the course of your higher education.

Family Information

	Father	Mother
Full Name		
Is he/she still living?		
Home Address (if different from yours)		
Occupation		

Are your parents: Married Divorced Separated Other _____

• Spousal Information

Name	
Occupation	

Please provide the names and ages of your children

Certification

I certify that the information provided in this application is accurate, complete and honestly presented. I understand that any inaccuracy, misleading information or omission will be cause for disqualification from further confirmation from admission and will be cause for the rescinding of any offer of admission, including discipline and/or revocation of degree if discovered at a later date.

Signature	Date

Autobiographical Statement

In the space below, please write a statement of approximately 500 words which best describes your qualities, values and goals. Include why you have selected the Toronto Orthodox Theological Academy as a potential school for you and how you expect it to help your personal and career goals.

Health Report and Immunization Verification

Completion of this form is required for admission to the Toronto Orthodox Theological Academy. All information will be kept strictly confidential and released only with your written consent.

➤ Legal Name

Surname	First	Middle

➤ Home Address

Number and Street	
City/Town	
Province/State and Country	
Postal/Zip Code	

Telephone Number	
Social Insurance Number	
Date of Birth (YYYY-MM-DD)	
Height	
Weight	
Health Insurance Coverage ➤ Policy Number	
If other medical coverage, please specify:	

Personal Health History (to be completed by applicant)

Answer 'Yes' or 'No' to the following questions. Please explain any 'Yes' Answers.

Have you ever been unconscious?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any vision and/or hearing problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been ill or injured because of alcohol use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you being followed by a physician for any medical problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you taking any medicine regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will you need any specific medical assistance while at the Academy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

- Do you have or have you had any of the following medical conditions? If so, indicate at which age they occurred.

Skin Problems		Hay Fever	
High Blood Pressure		Asthma	
Stomach/Intestinal Problems		Pneumonia	
Genito-Urinary Problems		Cancer	
Scarlet Fever		Fever	
Severe Headaches		Anemia	
Bone/Joint Disorders		Obesity	
Hepatitis		Chicken Pox	
Seizures		Rheumatic Fever	
Tuberculosis		Heart Disease	

I hereby certify that the information entered above is complete and accurate.

Signature	Date

Physical Examination (to be completed by an examining physician)

To the Examining Physician: This individual is applying for admission to the Toronto Orthodox Theological Academy. We appreciate your cooperation in giving us a general appraisal of his health. We would further appreciate learning about any health-related problems which would require special care should he attend our Academy.

- In filling out the chart below, please use the abbreviations 'N' (Normal) and 'A' (Abnormal). Include additional notations where appropriate.

General Appearance					
Skin					
Head:	Eyes	Ears (hearing)	Nose	Throat	Teeth
Neck:	Thyroid	Nodes	Range of Motion		
Chest:	Lungs	Auxiliary Nodes	Breasts		
Heart					
Abdomen:	Hernia	Inguinal Nodes	Testes		
External Genitalia					
Skeletal:	Arms	Legs	Hips	Spine	
Vascular:	Pulses (femoral, pedal)		Varicosities		
Neurological:	Gait		Patellar Tendon Reflexes		
	Balance		Achilles Tendon Reflexes		

Height	
Weight	
Blood Pressure	
Pulse	
Vision: Rt: ___/___ Lt: ___/___	
Glasses: Rt: ___/___ Lt: ___/___	

Is this person fit for sports? Yes No Explain ---

Other Remarks and Recommendations:

I hereby certify that the information entered above is complete and accurate.

Physician's Name and Signature	Office Address/Telephone Number	Date

Immunization Verification

Tetanus-Diphtheria (Booster must be within past 10 years)	Date
<ul style="list-style-type: none"> Completed primary series of Tetanus-Diphtheria Immunizations 	
<ul style="list-style-type: none"> Most recent Tetanus-Diphtheria booster within last 10 year 	

MMR (Measles, Mumps, Rubella) (If given instead of individual immunizations, 2 doses are required) A blood titer which shows immunity to MMR is acceptable.	Date
<ul style="list-style-type: none"> Dose 1: Must be after first birthday 	
<ul style="list-style-type: none"> Dose 2: At least one month after first dose 	

Complete this only if MMR immunization not received

Immunization	Date(s)	Results/Details
Measles (Rubeola)		
Rubella		
Mumps		

Tuberculosis (Results must be recorded)	Date(s)	Results/Details
<ul style="list-style-type: none"> TB test within past 2 years? 		
<ul style="list-style-type: none"> Was a chest X-ray required? 		
<ul style="list-style-type: none"> If positive TB test, was medication received? 		

Polio (Complete primary series of polio immunization)	Date(s)	Results/Details

I hereby certify that the information entered above is complete and accurate.

Physician's Name and Signature	Office Address/Telephone Number	Date

Summary

Application to the Toronto Orthodox Theological Academy requires the following:

1. A completed Application for Admission Form
2. Autobiographical Statement
3. Recommendation letter from Parish Priest
4. Graduation Certificate/Letter (indicating what studies you have completed)
5. Personal Health History and Immunization Verification **(this will be kept strictly confidential)**
6. Two photographs

Please be advised that the fees for registration and accommodation at the Academy are \$6,500.00 per annum.

May God Bless you always!



Saint John the Apostle, Evangelist and Theologian