



Johnathan Academy

AP Exam Registration Form

Student Information

Family Name: _____ First Name: _____ Middle Name: _____

English Name: _____ Age: _____ Date of Birth (Year/Month/Day): ____ / ____ / ____

School Attending: _____ Photo ID Number: _____

Student Phone Number: _____ Student Email Address: _____

Home Address: _____

Parents' Phone Number: _____ ; _____

***Photo ID with student name and Exam name should be sent to info@johnathana.ca with the Exam Registration Form and Transfer Reference.**

Register Exam Information

Exam 1: _____

Exam 2: _____

Exam 3: _____

Exam 4: _____

Exam 5: _____

Exam 6: _____

***ALL Students MUST provide us with a photo ID**

***The Registration Fee of \$240/Exam is NON-REFUNDABLE**

Payment should be made in the form of a bank transfer in Canadian dollars to our bank account as below.

E-Transfer: info@johnathana.ca. For the transfer **note** please include the Student Photo ID name and

Exam name.

Account Name	: Johnathan Academy Inc.	Bank Code	: 001
Account Number	: 07820-001-1941-686	Transit Code (Branch Number)	: 07820
Bank Name	: BMO Bank of Montreal	Swift Code	: BOFMCAM2
Bank Address	: 100-6088 No. 3 Road, Richmond, BC Canada V6Y 2B3	CC Code	: CC000107820

Johnathan Academy

Suite 400-5750 Oak Street, Vancouver BC V6M 2V9

E: info@johnathana.ca T: 604-971-6888 W: www.johnathana.ca