



Application for Admission: Day School--Full Time

Admission date:	
OEN#:	
Grade:	

ACADEMIC YEAR: _____ TERM: _____

Student Information

(Legal) Last Name (Surname)	(Legal) First Name	(Legal) Middle Name	Birthdate (Month/Day/Year):
Home Phone :		Email:	
Cell :		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Address: # Street	Apt/Unit	City/Town	Province Postal Code
Birthplace: Country		City/Town	Canadian Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>
		Status in Canada:	
Medical Alert Information/Disabilities/Allergies:	Health Card #:	Expiry date (month/day/year)	
Family Doctor's Name:	Family Doctor's Phone #:	Immunization Record:	
		Up to date with shots? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
(Please enclose a copy)			

Parent/Guardian Information #1

(Legal) Last (Surname)	(Legal)First Name	Gender:	Relationship to student:
		M <input type="checkbox"/> F <input type="checkbox"/>	
Home Phone #:	Business Phone #:	Extn.:	Cell Phone #:
Email:	Address (if different from student):		

Parent/Guardian Information #2

(Legal) Last (Surname)	(Legal)First Name	Gender:	Relationship to student:
		M <input type="checkbox"/> F <input type="checkbox"/>	
Home Phone #:	Business Phone #:	Extn.:	Cell Phone #:
Email:	Address (if different from student):		

Emergency Contact Information # 1

(Legal) Last Name		(Legal) First Name		Middle Name		Relationship to student:	
Gender:	Home Phone #:	Cell Phone #:	Business Phone #:	Ext:			
M <input type="checkbox"/> F <input type="checkbox"/>							
E-mail:			Address:				

Educational Background

Name of Previous School Attended:			Guidance Contact Email #:		Phone #:	
Address:	#	Street	City	Province	Country	Postal Code
Departure date : (mm/dd/yyyy)		Last Grade:		First Entry into Elementary School:		(mm/dd/yyyy)
Reason for Transfer:						
Has your child ever received ESL Assistance?			Has your child ever been expelled from school?			
Y <input type="checkbox"/> N <input type="checkbox"/> If yes, where?			Y <input type="checkbox"/> N <input type="checkbox"/> If yes, for?			
Has your child received Special Education Assistance?			Is this child currently under suspension from any school?			
Y <input type="checkbox"/> N <input type="checkbox"/> If yes, where?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> If yes, where?			

Notice to Parents and Applicants: Please read carefully and acknowledge by your initial in right hand column						Initial
A copy of Child's Age Proof, Proof of Address, Proof of Immunization & Proof of Education						
Deposit of 1st Month School Fee & \$ _____ Registration fee must be paid at registration. It is Non-Refundable.						
NO CREDITS or Marks will be issued until all documents are provided and all outstanding balance settled.						
You must return all borrowed school material, books , provide correct address and OEN for report card.						
No refunds are issued for failed courses, poor attendance, expulsion, or poor grades.						
We do not guarantee marks, result of your course or scholarship. No refunds will be issued for the same.						
Please bring your own Writing Pen/Pencil, papers, erasers, sharpner, calculator (if needed and permitted)						
Use of Phone or any other Electronic Gazette including calculator, not permitted, except permitted, by Principal.						
Please Maintain Portfolio, worksheet, course material, Text book in good conditions. Any loss of these, will be charged .						
Student may be expelled for misbehaving with staff or other students. No refunds for expulsion.						
CELL PHONE use in class room not permitted. No exception. Picture or video of school material or premise						
without permission can result into expulsion.						

I hereby certify that all information given is true. I have read and agree to the terms stated above.

Applicant's Signature	Parent/Guardian Signature (if the applicant is under 18 years of age)	Principal's Signature
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