



Application for Admission: Day School--Full Time

ACADEMIC YEAR: _____ TERM: _____

| | |
|-----------------|--|
| Admission date: | |
| OEN#: | |
| Grade: | |

Student Information

| | | | | | |
|---|--------|--|---|--|----------------|
| (Legal) Last Name (Surname) | | (Legal) First Name | | (Legal) Middle Name | Also known as: |
| | | | | | |
| Birthdate (Month/Day/Year): | | Siblings at this school: <input type="checkbox"/> Y <input type="checkbox"/> N | | Contact Phone Numbers | |
| | | Name: | | Home: | |
| Gender | Email: | | | Cell : | |
| <input type="checkbox"/> M <input type="checkbox"/> F | | Name: | | Work: | |
| | | | | Emergency: | |
| 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 | |
| | | | | (Please enclose a copy) | |

Parent/Guardian Information #1

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

Parent/Guardian Information #2

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