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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	Also known as:

Birthdate (Month/Day/Year):	Siblings at this school: ☐ Y ☐ N	Contact Phone Numbers
		Home:
	Name:	Cell :
Gender / Email:		Work:
☐ M ☐ F	Name:	Emergency:

Address: # Street	Apt/Unit	City/Town	Province	Postal Code

Birthplace: Country	City/Town	Canadian Citizen: Y ☐ N ☐
		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? ☐ Y ☐ N (Please enclose a copy)

Parent/Guardian Information #1

(Legal) Last (Surname) (Legal)First	Gender:	Relationship to student:
	☐ M ☐ 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:
	☐ M☐ F	

Home Phone #:	Business Phone #:	Extn.:	Cell Phone #:

Email:	Address (if different from student):