



# Admission Application

<i>Student's Surname:</i>	<i>Given Names:</i>	<i>Gender:</i> <input type="checkbox"/> male <input type="checkbox"/> female
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<i>Birth Date:</i> day    month    year	<i>Grade Applied For:</i>	<i>School Year:</i>
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<i>Location:</i> <input type="checkbox"/> <b>Erin Mills Campus</b> 3065 Glen Erin Dr. <input type="checkbox"/> <b>Kennedy Campus</b> 5870 Kennedy Rd.	<i>Transportation Required:</i> <input type="checkbox"/> yes <input type="checkbox"/> no
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<i>Parent Information</i>	<b>father</b>	<b>mother</b>
<i>Name:</i>	<input type="checkbox"/> <b>Mr.</b> <i>first name</i> <i>last name</i> <input type="checkbox"/> <b>Dr.</b>	<input type="checkbox"/> <b>Ms.</b> <i>first name</i> <i>last name</i> <input type="checkbox"/> <b>Mrs.</b> <input type="checkbox"/> <b>Dr.</b>
<i>Telephone:</i>	<i>home</i>	<i>home</i>
	<i>cell</i>	<i>cell</i>
<i>Home Address:</i>	<i>street address</i>	<i>street address</i>
	<i>city &amp; province</i>	<i>city &amp; province</i>
	<i>postal code</i>	<i>postal code</i>
<i>Occupation:</i>		
<i>Employer's Name:</i>		
<i>Business Telephone:</i>		
<i>Business Address:</i>	<i>street address</i>	<i>street address</i>
	<i>city &amp; province</i>	<i>city &amp; province</i>
	<i>postal code</i>	<i>postal code</i>

<i>Student Lives With:</i> <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> both <input type="checkbox"/> other <i>Specify:</i>
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<i>Health Card No.:</i>	<i>Health Difficulties, if any:</i>
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<i>Student's Present School:</i>	<i>Telephone:</i>
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<i>School's Address:</i>	<i>street address</i>	
	<i>city &amp; province</i>	<i>postal code</i>

<i>Signature of Parent/Guardian:</i>	<i>Date:</i>
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*(Please enclose a copy of the student's last report card.)*