



Requesting Entry into Grade: _____ Year: _____

Application for Admission Form 2019-2020

PART A: CHILD INFORMATION

Returning/New Student: _____

Child: Last Name _____ First Name _____ DOB: MM__DD__YYYY _____ Age: _____ M__F__
 Street Address: _____ Unit/Appt: _____ City: _____ Prov: _____ Postal Code: _____
 Home Ph. #: _____ Cell Ph. #: _____ First Language Spoken at home: _____
 Country of Birth: _____ Entry Date to Canada (if child not born in Canada only): MM__DD__YYYY _____
 Child Lives With: Both Parents _____ Father _____ Mother _____ Guardian (copy of custody papers submitted): Yes _____ No _____
 Name of Current School: _____ School Ph. #: _____
 Has your child been on Individual Education Program (IEP)? Yes _____ No _____
 Has your child ever been suspended? Yes _____ No _____ IF yes, please explain: _____

Father: Last Name _____ First Name _____
 Address (if different from above): _____

 Occupation: _____ Work Ph. #: _____
 E-mail: _____
 Cell Ph. #: _____ **Emergency Contact: 1 2 3**
 (Please Circle)

Mother: Last Name _____ First Name _____
 Address (if different from above): _____

 Occupation: _____ Work Ph. #: _____
 E-mail: _____
 Cell Ph. #: _____ **Emergency Contact: 1 2 3**
 (Please Circle)

PART B: STUDENT EMERGENCY INFORMATION

Child Health Card #: _____ Child Date of Birth: _____
 Doctor Name: _____ Phone #: _____
 Allergies: No _____ Yes _____ If Yes: does your child have an epi pen? _____, List of Allergies: _____
 Dietary Restrictions: _____
 Does your child take medication regularly? _____ If yes, name, dosage and reason for the medication _____

PART C: EMERGENCY CONTACT (other than parents)

Emergency Contact Name: _____ Relationship to Child: _____
 Home/Work Ph. #: _____ Cell Ph. #: _____ **Emergency Contact: 1 2 3**
 (Please Circle)

Father: Signature & Date

Mother: Signature & Date

Form AA19-1