

# Application for Admission

NEW REGISTRANT     APPLICATION FOR ADMISSIO     ENTERING GRAD \_\_\_\_\_

<b>STUDENT'S LEGAL NAME:</b> SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ DATE OF BIRTH: _____	<b>STUDENT'S PREFERRED NAME:</b> SURNAME: _____ FIRST NAME: _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE P.E.N.#: _____
<b>STUDENT'S PRIMARY ADDRESS</b> _____ _____  HOME PHONE: _____ PARENT/GADIAN: _____ RELATIONSHIP TO STUDENT: _____	<b>STUDENT'S SECONDARY ADDRESS</b> (If applicable) _____  CITY: _____ POSTAL CODE: _____ HOME PHONE: _____ PARENT/GADIAN: _____ RELATIONSHIP TO STUDENT: _____

**EMERGENCY CONTACT:** \_\_\_\_\_    **PHONE:** \_\_\_\_\_

CHECK BOX IF STUDENT IS CANADIAN CITIZEN: <input type="checkbox"/> CANADIAN PROVINCE OF BIRTH: _____ If you are not a Canadian Citizen, check box below: If not born in Canada, Country of Birth: _____ <input type="checkbox"/> Permanent Resident (landed immigrant) <input type="checkbox"/> Convention Refugee <input type="checkbox"/> International Student LANGUAGE PRIMARILY SPOKEN AT HOME: _____
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**EDUCATION HISTORY:**

Name of Previous School: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I certify that all statements on this application are true and complete and that no information has been withheld. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to the above information**

\_\_\_\_\_  
Date: \_\_\_\_\_  
Parent/Guardian Signature

<b>OFFICE USE ONLY:</b> Enrollment Date: _____ COUNSELOR: _____ STUDENT #: _____
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