



# Admission Application Junior Kindergarten

|                           |                     |  |  |
|---------------------------|---------------------|--|--|
| <i>Student's Surname:</i> | <i>Given Names:</i> | <i>Gender:</i> <input type="checkbox"/> male <input type="checkbox"/> female | <i>Birthdate:</i> day    month    year |
|---------------------------|---------------------|--|--|

|                     |   |
|---------------------|---|
| <i>School Year:</i> | <i>Programme:</i> <input type="checkbox"/> full time <input type="checkbox"/> 3 full days |
|---------------------|---|

|   |  |
|---|--|
| <i>Location:</i> <input type="checkbox"/> Erin Mills Campus<br>3065 Glen Erin Dr. <input type="checkbox"/> Kennedy Campus<br>5870 Kennedy Rd. | <i>Transportation Required:</i> <input type="checkbox"/> yes <input type="checkbox"/> no |
|---|--|

| <i>Parent Information:</i> | <b>father</b>   | <b>mother</b>  |
|----------------------------|---|--|
| <i>Name:</i>               | <input type="checkbox"/> Mr. <i>first name</i> <i>last name</i><br><input type="checkbox"/> Dr. | <input type="checkbox"/> Ms. <i>first name</i> <i>last name</i><br><input type="checkbox"/> Mrs.<br><input type="checkbox"/> Dr. |
| <i>Telephone:</i>          | <i>home</i>   | <i>home</i>  |
|                            | <i>cell</i>   | <i>cell</i>  |
|                            | <i>work</i>   | <i>work</i>  |
| <i>Email:</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 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> |
|---|

|                         |                                     |
|-------------------------|-------------------------------------|
| <i>Health Card No.:</i> | <i>Health Difficulties, if any:</i> |
|-------------------------|-------------------------------------|

|  |                   |
|--|-------------------|
| <i>Student's Present School if Applicable:</i> | <i>Telephone:</i> |
|--|-------------------|

|                          |   |                    |
|--------------------------|---|--------------------|
| <i>School's Address:</i> | <i>street address including city &amp; province</i> | <i>postal code</i> |
|--------------------------|---|--------------------|

|                                      |              |
|--------------------------------------|--------------|
| <b>Signature of Parent/Guardian:</b> | <b>Date:</b> |
|--------------------------------------|--------------|

*Personal information is collected under the authority of the Education Act and will be used for the establishment and maintenance of the Ontario Student Record in accordance with the (OSR) Guideline 2000. Access to the OSR Records may be obtained by contacting the principal.*

*(Please enclose a copy of the student's last report card.)*