



Admission Application

Pre-school & Junior Kindergarten

Student's Surname:	Given Names:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Birthdate: day month year
School Year:	Grade Applied For: <input type="checkbox"/> Pre-school <input type="checkbox"/> Junior K.	Programme: <input type="checkbox"/> full time <input type="checkbox"/> 3 full days	
Location: <input type="checkbox"/> Erin Mills Campus 3065 Glen Erin Dr. <input type="checkbox"/> Kennedy Campus 5870 Kennedy Rd.	Transportation Required: <input type="checkbox"/> yes <input type="checkbox"/> no		

Parent Information	father	mother
Name:	<input type="checkbox"/> Mr. first name last name <input type="checkbox"/> Dr.	<input type="checkbox"/> Ms. first name last name <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
Home Telephone:		
Home Address:	street address	street address
	city & province	city & province
	postal code	postal code
Occupation:		
Employer's Name:		
Business Telephone:		
Business Address:	street address	street address
	city & province	city & province
	postal code	postal code

Student Lives With: mother father both other *Specify:*

Health Card No.:	Health Difficulties, if any:
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Student's Present School if Applicable:	Telephone:
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School's Address:	street address	
	city & province	postal code

Principal's Name:

Signature of Parent/Guardian:	Date:
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