



Admission Application

<i>Student's Surname:</i>	<i>First Name:</i>	<i>Gender:</i> <input type="checkbox"/> male <input type="checkbox"/> female
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<i>Date of Birth:</i> day month year	<i>Grade Applied For:</i>	<i>School Year:</i>
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<i>Location:</i> <input type="checkbox"/> Erin Mills Campus 3065 Glen Erin Dr. <input type="checkbox"/> Kennedy Campus 5870 Kennedy Rd.	<i>Transportation Required:</i> <input type="checkbox"/> yes <input type="checkbox"/> no
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<i>Parent Information:</i>	father	mother
<i>Name:</i>	<input type="checkbox"/> Mr. <i>first name</i> <i>last name</i> <input type="checkbox"/> Dr.	<input type="checkbox"/> Ms. <i>first name</i> <i>last name</i> <input type="checkbox"/> Mrs. <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 & province</i>	<i>city & 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 & province</i>	<i>city & 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>
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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 including city & province</i>	<i>postal code</i>
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Signature of Parent/Guardian:	Date:
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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.)