

Student Information

1 Date of Application: \_\_\_\_\_ Grade: \_\_\_\_\_  Renewal  New

2 Full Legal Name: \_\_\_\_\_  
Last First Middle Nickname

3 Permanent Address: \_\_\_\_\_  
Street City PC

4 Phone # ( ) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

5 Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ S. I. N. \_\_\_\_\_

6 Citizen: \_\_\_\_\_ Visa type: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_  
(If not Canadian, copy of visa required)

7 Student Baptized: Yes No Church attending: \_\_\_\_\_

8 Applicant lives with: Both Parents Mother Father Other: \_\_\_\_\_  
(copy of legal papers, if not living with parents)

9 Physical challenges: Hearing \_\_\_\_\_ Heart \_\_\_\_\_ Sight \_\_\_\_\_ Speech \_\_\_\_\_  
If other, explain: \_\_\_\_\_

10 Students Medical # \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Dental # \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

11 List previous schools attended (List most previous first): (Include copy of latest report card)

School's Name	Address	Grades Completed

12 Other children in family (List names in order of birth, oldest first):

Name	Date of birth	M / F	Age	Grade	School Attending

13 Student's destination after school: Home: \_\_\_\_\_

Work: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Address Phone Relationship

Sitter: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Address Phone Relationship

Relative: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Address Phone Relationship

Other: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Address Phone Relationship

14 Mode of transportation: City Bus Parents Self Carpool