



Application for Admission

Please type or print clearly.

Student Information

Student's Name: _____
(Family) (Given)

Student's Birthdate: _____

Applying for Grade:

1 2 3 4 5 6 7 8

Application Date: ____/____/____ Application Received: ____/____/____
D M Y (office use) D M Y

Home Address: _____
City: _____ Postal Code: _____ Prov. _____

Contact Information

This person will be the primary contact for all affairs pertaining to the student.

E-mail address (required): _____

Name: _____

Home Address (if different from student applying): _____

City: _____ Postal Code: _____ Prov. _____

Phone: Home: (____) _____ Bus: (____) _____

Cell: (____) _____

Family Information

Parent/Guardian 1:

Ms. Mrs. Miss Mr. Dr.

Full Name: _____

Home Address: _____

City: _____ Prov.: _____ Postal Code: _____
Home Phone: _____ Cell: _____
E-mail: _____ FAX: _____
Occupation: _____ Nature of Business: _____
Title: _____ Employer: _____
Business Address: _____
City: _____ Prov.: _____ Postal Code: _____

Parent/Guardian 2:

Ms. Mrs. Miss Mr. Dr.
Full Name: _____
Home Address: _____
City: _____ Prov.: _____ Postal Code: _____
Home Phone: _____ Cell: _____
E-mail: _____ FAX: _____
Occupation: _____ Nature of Business: _____
Title: _____ Employer: _____
Business Address: _____
City: _____ Prov.: _____ Postal Code: _____

The student lives with: (Please check one)

- Both parents (Same household)
- Both parents (Joint custody)
- Mother only
- Father only
- Mother & Partner
- Father & Partner
- Grandparents
- Guardian
- Other (Please specify): _____

Parents are: (Please check one)

- Married
- Divorced
- Separated
- Other (Please specify): _____

School Information

Student's Present School: _____
City: _____ Phone #: (_____) _____

If candidate is in a Special Program, please indicate which one:

- French Immersion
- Extended French
- Academically Enriched
- Other (Please specify): _____

Previous Schools (from most recent)	Years Attended	Grades Attended

Has the applicant ever been suspended or expelled from school?

- No Yes

Is the applicant physically fit and able to participate in sports and physical training?

- No Yes

If "No", please explain:

Student's Activities

Please list the student's extra-curricular activities in the past two years (e.g., music lessons, dance lessons, sports, clubs, etc.)

Activity	Month & Year Begun	Month & Year Completed

Has the student had any educational assessment(s)?

- No Yes

If "Yes", please provide a copy of the assessment.

Does the Candidate have an Individual Education Plan (IEP)?

- No Yes

If “Yes”, please provide a copy of the IEP, and please indicate the exceptionality below. Please check every one that applies.

- Gifted
- Learning Disability
- ADHD
- Anxiety/Depression
- Speech & Language
- Hearing
- Vision
- Asperger’s/Autism
- Other (Please specify): _____

Do you, the parent/guardian of the applicant give Wychwood School permission to contact the applicant’s present school and past schools to enquire about any or all assessments, IEPs, or exceptionalities indicated above?

- Yes
- No

Parent/ Guardian Name: _____ **Date:** ____/____/____

Signature: _____

Parent/ Guardian Name: _____ **Date:** ____/____/____

Signature: _____

Declaration

We, the parents/guardians of the applying student, declare by signing below that the information provided by us on this application is accurate and true; and that we understand that the Principal reserves the right to ask for the removal of any student who does not reach the standard, either in work or in conduct, expected of him or her by Wychwood School; and we agree to be bound by all of the school’s policies and regulations, not only at the time of admission, but also throughout the years of our child’s attendance, and that continued non-compliance may result in the student not being permitted to re-enrol.

Parent/ Guardian Name: _____ **Date:** ____/____/____

Signature: _____

Parent/ Guardian Name: _____ **Date:** ____/____/____

Signature: _____