



Application Form

Student Information

_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Gender	Date of Birth(dd/mm/year)
_____		_____	_____	_____
Address		City	Postal Code	Home Phone
_____		_____	_____	_____
Cellular Phone	Email Address	Country of Birth	Country of Citizenship	
_____	_____	_____	_____	
OHIP Number	Current/Previous School	Current Grade	Desired Date of Entry	
_____	_____	_____	_____	

Parent/Guardian Information

Mother/Female Guardian:

Father/Male Guardian:

_____	_____
Last Name	First Name

Full Address (if different from student)	

_____	_____
Home Number	Cellular Number

Email Address	Work Number

_____	_____
Last Name	First Name

Full Address (if different from student)	

_____	_____
Home Number	Cellular Number

Email Address	Work Number

If parents are divorced, please state who has custody: _____

Please return to:

Don Valley Academy 4576 Yonge St. Suite 408 Toronto, ON M2N 6N4 Tel. 416.223.7561 Fax. 416.223.0065
...:www.donvalleyacademy.com::...



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Student Questionnaire

Please describe your future academic plans.

What are some of your career interests?

Which subjects do you enjoy most?

Which subjects do you least enjoy?

Which subjects do you hope to take this year?

Why are you interested in attending Don Valley Academy?

Please describe your current/previous community involvement.

What are some of your hobbies and interests?

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Parent Questionnaire

Please circle the appropriate answer.

1. Has your child been diagnosed as having a learning disability? Yes No
If yes, explain:

2. Has your child been diagnosed as having an emotional or behavioural disorder? Yes No

3. Is your child currently taking any medication? Yes No

If yes, what type(s)?

4. Is your child currently receiving counseling? Yes No
If yes, explain:

5. Has your child ever been suspended or expelled from school? Yes No
If yes, explain:

6. Does your child have a criminal record? Yes No

7. Does your child have any health concerns? Yes No
If yes, explain:

Please return to: