



# Application Form

## Student Information

_____	_____	_____	_____
Last Name	Legal First Name	Common First Name	Gender
_____	_____	_____	_____
Address	City	Postal Code	Home Phone
_____	_____	_____	_____
Cellular Phone	Email Address	Country of Citizenship	OHIP Number
_____	_____	_____	_____
Current/Last School	Current Grade	Date of Birth(dd/mm/year)	O.E.N. Number
_____	_____	_____	_____
_____	_____	_____	_____
Name of Course(s)	Course Code(s)	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:



# Application Form-Part-time

## Parent Questionnaire

Please circle the appropriate answer.

1. Has your child been diagnosed as having a learning disability? Yes No

If yes, explain:

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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)?

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4. Is your child currently receiving counseling? Yes No

If yes, explain:

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5. Has your child ever been suspended or expelled from school? Yes No

If yes, explain:

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

7. Does your child have any health concerns? Yes No

If yes, explain:

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8. Don Valley Academy is committed to keeping parents informed so that any critical issues, that may affect the student's final grade, may be addressed as soon as possible. We will normally contact a parent when a student fails to achieve a mark of 70% or greater on any test or assignment. If you have other expectations, below what percentage level you would like to be contacted? \_\_\_\_\_

Email address: \_\_\_\_\_

- I would rather not be contacted regarding my child's achievement throughout the course

Please return to: