

Application Form

Student Information

Last Name First Name Male Female

Address City Postal Code

Home Phone Student Mobile Phone Student Email

Country of Birth Country of Citizenship OHIP Number

Current/Previous School Current Grade Date of Birth (D/M/Y)

Father/Male Guardian

Last Name First Name

Address (If different from student) City Postal Code

Work Phone Mobile Phone Email

Mother/Female Guardian

Last Name First Name

Address (If different from student) City Postal Code

Work Phone Mobile Phone Email

If parents are divorced/separated, please state which parent is the legal guardian.

Student
Questionnaire

Why are you interested in attending Don Valley Academy?

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?

Please describe your current/previous community involvement.

What are some of your hobbies and interests?

Parent
Questionnaire

Please circle the appropriate answer.

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| 1. Has your child been diagnosed as having a learning disability?
If yes, explain: | Yes | No |
| 2. Has your child been diagnosed as having an emotional or behavioural disorder?
If yes, explain: | Yes | No |
| 3. Is your child currently taking any medication?
If yes, what type(s)? | Yes | No |
| 4. Is your child currently receiving counseling?
If yes, explain: | Yes | No |
| 5. Has your child ever been suspended or expelled from school?
If yes, explain: | Yes | No |
| 6. Does your child have any health concerns?
If yes, explain: | Yes | No |
| 7. Does your child have a criminal record? | Yes | No |