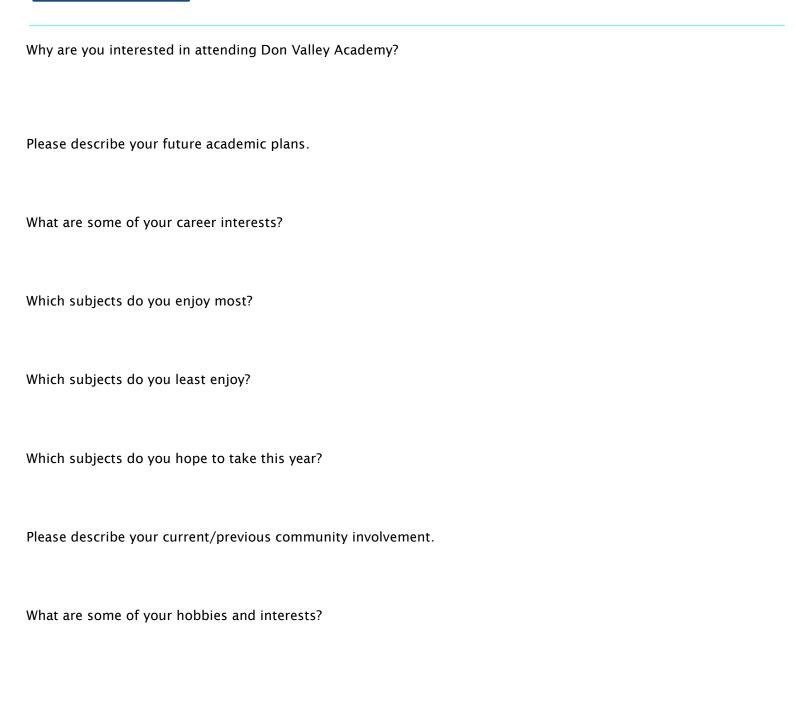


Application Form

Student Information					
Last Name		First Name	Male Femal		
Address		City	Postal Code		
Home Phone	Student Mobile Phone	Student Email			
Country of Birth Country of Citize		ship	OHIP Number		
Suggest / Duraniana Calaa	1	Commont Condo	Data of Birth (D (MA (V))		
Current/Previous Schoo	ll .	Current Grade	Date of Birth (D/M/Y)		
ather/Male Guardian					
ast Name		First Name			
Address (If different from student)		City	Postal Code		
Vork Phone	Mobile Phone	Email			
Nother/Female Guard	ian				
Last Name		First Name			
ast Name		riist Naille			
Address (If different from student)		City	Postal Code		
	1.1				
Work Phone	Mobile Phone	Email			



Student Questionnaire





Parent Questionnaire

Please circle the appropriate answer.		
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