

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)		
Part-time Course Description		Course Code	Course Start Date		

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. _____

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 |