



## APPLICATION FOR ADMISSION

### APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_

Last First (Preferred)

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_

Type of School:  Independent  Private  Public  Separate  Other

First Language \_\_\_\_\_ Other Languages Spoken \_\_\_\_\_

Does your child have any medical conditions, physical/social/emotional limitations or needs of which we should be aware?

Yes  No If yes, please explain \_\_\_\_\_

Has your child had a Psycho-Educational Assessment, any Educational Testing, or any Therapeutic Support? If so, please attach details.

(e.g. Occupational or Speech Therapy)?  Yes  No

**Parent / Guardian 1:**  Dr.  Mr.  Mrs.  Ms \_\_\_\_\_

Address (if different from page 1) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

**Parent / Guardian 2:**  Dr.  Mr.  Mrs.  Ms \_\_\_\_\_

Address (if different from page 1) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Applicant lives with:

Mother  Father

Both Parents | | |

Check if applicable:  Sole Custody  Sole Custody

Correspondence should be sent to:

Both Parents  Mother  Father

Please list the names of the Applicant's brothers and sisters.

Name

School and Grade

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

All information in this Application for Admission is strictly confidential. The undersigned grants Headwaters Academy permission to request and receive confidential information regarding the applicant and to retain such material in the applicant's file. If the candidate is admitted to Headwaters Academy, we undertake jointly, and severally, to be responsible for all financial obligations incurred by the applicant at Headwaters Academy.

I / we certify that all information provided is accurate and true.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_