



APPLICATION FOR ADMISSION

APPLICATION PROCEDURE

Please submit the following items:

- The Application for Admission Form completed in full
- The application fee of \$75 (non-refundable)
- Copies of the applicants report cards for at least the past two years and any previous assessments if applicable.

APPLICANT'S INFORMATION

Application to Grade:	<input type="checkbox"/> Day Student	<input type="checkbox"/> Boarder
Surname:		
First Name:		
Middle Names:		
Usual First Name		
Address:		
City:		
Province:		
Postal Code:		
Telephone:		
Date of Birth (M) (D) (Y)		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Current School:		Dates of Attendance:
Address:		
Telephone:		
Other Schools attended in the past three years:		
Has your child had a psychoeducational assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, by which professional?		
First language other than English:		Language spoken in home:

PARENT INFORMATION

Father/Guardian:	Title (circle one): Mr. Dr. Other	
Surname:		
Given Name:		
Address if different from applicant:		
Home Tel: ()	Bus. Tel: ()	Cell: ()
E-Mail:		
Profession:		
Company Name:	Position:	
Company Address:		

Mother/Guardian:	Title (circle one): Mrs. Ms. Dr. Other	
Surname:		
Given Name:		
Address if different from applicant:		
Home Tel: ()	Bus. Tel: ()	Cell: ()
E-Mail:		
Profession:		
Company Name:	Position:	
Company Address:		

Applicant Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Other:
Where should correspondence be sent? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Other:
Where should bills be sent? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Other:
If parents are divorced or separated, who has legal custody of the applicant?

Check if Appropriate:

- Father Deceased Mother Deceased Parents Divorced Parents Separated
 Father Remarried Mother Remarried Living Outside Canada

SIBLING INFORMATION

Name:	Age:
School Currently Attending:	
Grade:	
Name:	Age:
School Currently Attending:	
Grade:	

ADMISSIONS SURVEY

How did you hear about us?			
<input type="checkbox"/> Current or previous student	<input type="checkbox"/> Neighbour	<input type="checkbox"/> Colleague	<input type="checkbox"/> Website
<input type="checkbox"/> Current or previous parent	<input type="checkbox"/> Friend	<input type="checkbox"/> Advertising	If yes, where:
<input type="checkbox"/> Other (please specify)			
Have you been to one of our Open Houses?	<input type="checkbox"/> Yes	When:	<input type="checkbox"/> No
Have you had an Admissions Tour/Interview?	<input type="checkbox"/> Yes	When:	<input type="checkbox"/> No

SIGNATURES

Parent/Guardian:	Date:
Parent/Guardian:	Date:

Thank you for your application to Venta Preparatory School.