



APPLICATION FORM

DATE _____

STUDENT'S NAME _____ D.O.B. _____

ADDRESS _____ PHONE# _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S ADDRESS _____ MOTHER'S ADDRESS _____

WORK PHONE # _____ WORK PHONE # _____

POSTAL CODE _____ POSTAL CODE _____

OCCUPATION _____ OCCUPATION _____

e-mail address: _____ e-mail address: _____

SCHOOL PRESENTLY ATTENDING _____ GRADE _____

SCHOOLS PREVIOUSLY ATTENDED:

NAME CITY GRADE

CURRENT ACADEMIC DIFFICULTIES:

FOR STUDENT TO BE CONSIDERED, APPLICATION MUST BE ACCOMPANIED BY COPIES OF:

1. *BIRTH CERTIFICATE/PASSPORT OF ONE PARENT & STUDENT*
2. *PROOF OF RESIDENCY (DRIVERS LICENSE)*
3. *A PSYCHOLOGICAL ASSESSMENT BY A REGISTERED PSYCHOLOGIST*
4. *A RECENT REPORT CARD*
5. *A NON-REFUNDABLE \$50.00 PROCESSING FEE (make cheques out to Discovery School)*

Submission of this signed application includes permission for a representative of Discovery School to contact the above schools and teachers. Yes _____ No _____

PARENT(S) SIGNATURE _____
