



## Académie Westboro Academy

### Application for Admission

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Usual \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

#### Enrolment

Date of application: (m/d/y) \_\_\_\_\_

Requesting Entry Date(y) \_\_\_\_\_

Requesting Grade \_\_\_\_\_

#### Family Information

##### Parent 1

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/title \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

##### Parent 2

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/title \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

200 BREWER WAY, OTTAWA, ONTARIO, K1S 5R2 – TEL: (613) 737-9543 FAX: (613) 737-7716

WESTBORO@WESTBOROACADEMY.COM – WWW.WESTBOROACADEMY.COM

Siblings

Name \_\_\_\_\_

Year of Birth \_\_\_\_\_

Name \_\_\_\_\_

Year of Birth \_\_\_\_\_

Living Arrangements/Responsibility for Applicant

While attending Westboro, who will be responsible for payment of bills?

- Parent 1                       Parent 2                       Other, please specify

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

While attending Westboro, with whom will the applicant live? (Please indicate all that apply).

- Parent 1 (full time)       Parent 2 (full time)       Parent 1 (part time)       Parent 2 (part time)

- Other, please specify

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Are there any custodial arrangements?                       Yes                       No

If yes, please specify details regarding drop-off, pick up and school correspondence \_\_\_\_\_

Educational

Information

Current School

- Type:  Public                       Home school                       Independent/Private                       Daycare/Pre-school

Name of School \_\_\_\_\_ City \_\_\_\_\_

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Do we have your permission to contact your current school?                       Yes                       No

If no, please explain \_\_\_\_\_

Language Proficiencies

Language(s) spoken at home \_\_\_\_\_

English:                       Beginner                       Basic                       Good                       Fluent

French:                       Beginner                       Basic                       Good                       Fluent

Other:

\_\_\_\_\_                       Beginner                       Basic                       Good                       Fluent

Medical Information

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Family Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Health Insurance Number \_\_\_\_\_ Medical Issues \_\_\_\_\_  
Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell \_\_\_\_\_

How did you hear about Westboro Academy? \_\_\_\_\_

Application Checklist

- Application fee of \$100 Canadian funds (Application Fee is non refundable and does not guarantee admission).
- Copy of birth certificate
- Copy of Immunization Records
- Signature of parent/ guardian
- Report Cards (two previous years, if applicable)

Signatures

To the best of my knowledge, the above information is complete and accurate.

Parent 1 \_\_\_\_\_

Date \_\_\_\_\_

Parent 2 \_\_\_\_\_

Date \_\_\_\_\_

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