



# Marymount Academy Catholic School

165 D'Youville St. Sudbury, ON P3C 5E7  
tel. 705-674-4231 fax 705-674-5619  
website: marymount.sudburycatholicsschools.ca



## ELEMENTARY APPLICATION FORM

- GRADE SEVEN ENGLISH                       GRADE SEVEN FRENCH IMMERSION  
 GRADE EIGHT ENGLISH                       GRADE EIGHT FRENCH IMMERSION  
 If the French Immersion Program is full, I would consider the regular English Program

STUDENT INFORMATION			
Surname:		Given Name:	
Address:			
Date of Birth:	Year	Month	Day
Apt.# _____		Site:_____ R.R.# _____ Box #_____	
OEN:		City: _____ Postal Code: _____	
School currently attending:		Home Telephone:	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant Status Country at Birth:		Entry to Canada: First Language:	
Student cell number:		Do you have sister(s) attending Marymount Academy?	
Name(s):		Grade(s):	
Do you have any siblings attending Marymount Academy Name(s):			Grade(s):
Religion:		Parish:	
<input type="checkbox"/> Non Resident <input type="checkbox"/> Aboriginal Ancestry <input type="checkbox"/> Metis <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Other			
PARENT/GUARDIAN INFORMATION			
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian	
Surname:		Given Name:	
Title:		Title:	
(if different from Student's address)		(if different from Student's address)	
Address:		Apt. #	
City:		Postal Code:	
Home #:		Cell #:	
Employer:		Work #:	
Ext.:		Ext.:	
Email:		Email:	
Student Living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Grandparents <input type="checkbox"/> Other (please identify)			
EMERGENCY CONTACT INFORMATION			
In an emergency, the school will attempt to call either of the parents. The information given here will be used ONLY IF NEITHER PARENT can be reached			
Contact Person's Name:		Doctor's Name:	
Telephone:		Telephone:	
		Medic Alert/Disability Condition:	
If your daughter has a particular medical problem that the school should know about in case of an emergency, please list here:			
<input type="checkbox"/> Does the student have an I.E.P.?		Exceptionality:	
TRANSPORTATION (disclaimer)			
"I consent to the collection, use and disclosure of the above noted personal information for the purpose of providing safe student transportation, and understand that this information may be disclosed to the providers of such transportation."			
Parent's/Guardian's Signature:		Please submit a copy of the most recent report card with this form.	