



MARYMOUNT ACADEMY

165 D'Youville St. Sudbury, ON P3C 5E7

Tel: 705-674-4231 Fax: 705-674-5619

Website: marymount.scdsb.edu.on.ca



ELEMENTARY APPLICATION FORM

- | | |
|--|---|
| <input type="checkbox"/> GRADE SEVEN ENGLISH | <input type="checkbox"/> GRADE SEVEN FRENCH IMMERSION |
| <input type="checkbox"/> GRADE EIGHT ENGLISH | <input type="checkbox"/> GRADE EIGHT FRENCH IMMERSION |

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		Student cell number: _____	
<input type="checkbox"/> Landed Immigrant Status		Student Email Address: _____	
Country at Birth: _____		Entry to Canada: _____	
First Language: _____			
Do you have any siblings attending Marymount Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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: _____		Surname: _____	
Given Name: _____		Given Name: _____	
Title: _____		Title: _____	
(if different from Student's address)			
Address: _____		Address: _____	
Apt. # _____		Apt. # _____	
City: _____		City: _____	
Postal Code: _____		Postal Code: _____	
Home #: _____		Home #: _____	
Cell #: _____		Cell #: _____	
Employer: _____		Employer: _____	
Work #: _____		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: _____		<u>Please submit a copy of the most recent Report Card with this form.</u>	
Principal/Vice Principal Signature: _____			

To help with registration process, please answer the following questions:

1. What school do you currently attend? _____
2. Are you currently taking Native Language in school? YES NO
3. Are you involved in extra-curricular activities? (Dance lessons, music lessons, sports, etc...) _____

4. What are your favourite subjects in school?

5. Which clubs/sports would you be interested in joining next year?

6. Have you heard about our Reach Ahead program? YES NO
 a. If so, are you interested in joining? YES NO
7. Have you heard about our SPARC program? YES NO
 a. If so, are you interested in joining? YES NO
8. Are any of your friends coming to Marymount next year? YES NO
 a. If so, are there any friends you would like us to consider putting in your class? (list names) _____

