



# MARYMOUNT ACADEMY

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## SECONDARY APPLICATION FORM

- ☐ Grade 9      ☐ Grade 11      ☐ English  
☐ Grade 10      ☐ Grade 12      ☐ French Immersion

STUDENT INFORMATION			
Surname:		Given Name:	
Date of Birth: Year      Month      Day		Address:	
OEN:		Apt.#      Site:      R.R.#      Box #	
School currently attending:		City:      Postal Code:	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant Status Country at Birth:		Home Telephone:	
Entry to Canada: First Language:		Student cell number:	
Do you have any siblings attending Marymount Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s):      Grade(s):		Student Email Address:	
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:		Surname:      Given Name:      Title:	
(if different from Student's address)			
Address:      Apt. #		Address:      Apt. #	
City:      Postal Code:		City:      Postal Code:	
Home #:      Cell #:		Home #:      Cell #:	
Employer:      Work #:		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.	
Principal/Vice Principal Signature:			