Email: info@aitchisonschool.com

Application for Admission: <u>Day SchoolFull Time</u>						Admission date:			
	•				OEN#:				
ACADEMIC YEAR: TERM					Grade:				
Student Information	1								
(Legal) Last Name (Surname)			(Legal) M	(Legal) Middle Name			Also known as:		
Divite data (Manth /Day //aav).		C'1-1' -	and the advant		1.61	Contact	DhanaN	lah aus	
Birthdate (Month/Day/Year):		Sibiln	gs at this school:	0 Y 0	l N		Phone N	lumbers	
		Nama				Home: Cell :			
Gender Email:		Name	:			Work:			
0 M 0 F				Name:			Emergency:		
Address: # Street Apt/Unit			City/Town Province					Postal Code	
	<u> </u>		,-						
Birthplace: Country			Town	Canadian Citizen: Y 🗆			N		
		Status in			Canada:				
Medical Alert Information/Disabilities/Allergies:			Health Card #:			Expiry da		ate (month/day/year)	
Family Doctor's Name:			ily Doctor's Phor						
				Up to date with shots?			□ Y □ N		
						(Please encl	ose a copy)		
Parent/Guardian Information #1 (Legal) Last (Surname) (Legal)First			Condon			onship to student:			
(Legal) Last (Surname) (Legal)First			Gender:		Relation	isnip to si	tuuent.		
Home Phone #:	Business Phone #:			Extn.:		Cell Phor	ne #:		
Email:	Address	(if dif	ferent from student):		I			
D 1/C 1: 1 C 1:	"2								
Parent/Guardian Information #2 (Legal) Last (Surname) (Legal)First			Gender:			Relationship to student:			
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	T					I			
Home Phone #: Business Phone #:				Extn.:		Cell Phone #:			
Email:	Address	(if dif	fferent from studer	nt):		•			
rev. Aug 2021 Please sign on second page W	/ithour Signature, admission	not valid	d		Please read	l and sign on	page 2	Pg 1/2	