

## HOWLETT ACADEMY ADMISSION APPLICATION

PHOTOGRAPH  
OF  
APPLICANT

### ADMISSION CHECKLIST

- Completed application and health forms
- Recent photograph of applicant
- Proof of Canadian residency status
- Copies of report from most recent school
- Copy of immunization record

***Books, class materials,  
day trips and other  
supplies are included in  
the tuition fees.***

### Personal Information

Student's Last Name Student's First Name

Mailing Address City

Province Postal Code

Birth Date Gender

### Information from Parent

Parent #1 First Name Last Name

Mailing Address (if different from above) Street

City Postal Code

Telephone (Cell) (Work)

Email Occupation

Parent #2 First Name Last Name

Mailing Address (if different from above) Street

City Postal Code

Telephone (Cell) (Work)

Email Occupation

## ACADEMIC INFORMATION

---

Current Placement or Grade

---

Current Daycare or School

---

Complete Postal Address of Current Daycare or School

---

Email of Current Daycare or School

## INTERESTS

- |  |                                |                                |                                  |
|--|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Math              | <input type="checkbox"/> Books | <input type="checkbox"/> Play  | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Art   | <input type="checkbox"/> Music | <input type="checkbox"/> Other:  |

## DECLARATION OF PARENTS

I have given complete and true information on this form.

Date \_\_\_\_\_

Signature of Parent #1 \_\_\_\_\_ Signature of Parent #2 \_\_\_\_\_

### FOR INTERNAL USE ONLY:

Date Received:

Contact Date:

Interview Date:

Application Status:

Complete

Missing: \_\_\_\_\_

Comments:

# Howlett Academy

## Child Health Form

*Please complete and return to school*

**Child's Name:** \_\_\_\_\_

DOB m/d/y \_\_\_\_\_

OHIP #: \_\_\_\_\_ Version Code: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_

### **Health Information:**

Has your child had a recent surgery or illness?

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has your child recently broken any bones?

If yes explain: \_\_\_\_\_

\_\_\_\_\_

Has your child been required to take any medications?

If yes explain: \_\_\_\_\_

\_\_\_\_\_

Is your child allergic to anything or lactose intolerant?

If yes explain: \_\_\_\_\_

\_\_\_\_\_

**General Information:** Please use this space to provide any additional information about your child's behaviour and the physical, emotional or mental health about which the school should be aware:

---

---

---

---

---

**Please update your child's Immunization Record and provide a copy to the school.**

Date of last tetanus shot: \_\_\_\_\_