



# ADMISSION APPLICATION

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Personal Information & Parent Details

Please complete all sections. Books, class materials, day trips and other supplies are included in tuition.

## Student Information

Student's Last Name

Student's First Name

Mailing Address (Street)

City

Province

Postal Code

Birth Date (MM/DD/YYYY)

Gender

Female

Male

## Parent / Guardian #1

First Name

Last Name

Mailing Address (if different from above)

City

Postal Code

Telephone (Cell)

Telephone (Work)

Email

Occupation



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*Parent #2 & Academic Information*

## Parent / Guardian #2

First Name

Last Name

Mailing Address (if different from above)

City

Postal Code

Telephone (Cell)

Telephone (Work)

Email

Occupation

## Academic Information

Current Grade Applying To

Current School

Complete Postal Address of Current School

Email of Current School

## Favourite Subjects

Math

Social Studies

Science

French

English

Phys. Ed

Art

Music

Other:



## Extracurricular Activities / Interests

Please describe any sports, clubs, hobbies, lessons or activities your child enjoys outside of school.

## Strengths & Areas for Growth

*Your perspective helps us get to know your child. Please share as much or as little as you'd like.*

What are your child's greatest strengths?

Are there areas where your child could use support, growth, or extra encouragement?



# IN CASE OF AN EMERGENCY

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Contacts, Pickup & Consent

## Emergency Contact

A person to contact if a parent or guardian cannot be reached.

Full Name

Relationship to Child

Phone Number

## Authorized for Pickup

Adults (other than parents/guardians) authorized to pick up your child from school. Photo ID will be requested.

Name

Relationship & Phone

Name

Relationship & Phone

Name

Relationship & Phone

## Emergency Medical Consent

In the event of a medical emergency where a parent or guardian cannot be reached, I authorize Howlett Academy to seek emergency medical care for my child, including transport to a hospital if necessary. I confirm that the information provided on this form is accurate to the best of my knowledge, and I will notify the school promptly if any of it changes.

Parent / Guardian Signature

Date



Please update your child's immunization record and provide a copy to the school.

## Child Details

Child's Full Name

Date of Birth (MM/DD/YYYY)

Child's Physician

OHIP #

Version Code

Physician's Phone

## Health Information

Has your child had a recent surgery or illness?

Yes

No

If yes, please explain:

Has your child recently broken any bones?

Yes

No

If yes, please explain:

Has your child been required to take any medications?

Yes

No

If yes, please list and include dosage:

Does your child have any allergies, dietary restrictions, or food sensitivities?

Yes

No

If yes, please list each one and describe severity, symptoms, and any emergency response (e.g. EpiPen):

## Additional Information

Please provide any additional information about your child's behaviour, or physical, emotional or mental health.