



APPLICATION FORM

Date: _____

Correspondence should be addressed to:

Name (Mr, Mrs, Miss, Ms, Dr or combination): _____

Address: _____

Postal Code: _____

Telephone Number: Home: _____ Bus: _____

e-mail: _____

Student's Name: _____

Date of Birth: _____ Age _____ female male
(day / month / year)

Student's Address: (same as above) or _____

Postal Code: _____

Present School: _____

Board: _____ Present Grade: _____

Name of teacher whom we should contact, with your permission: _____
(see back)

How did you hear about our school? _____

Has your child ever attended any programs through our Centre? Yes No

Name of Father (Mr, Dr) _____

Address: (same as above) or _____

Postal Code: _____

Telephone Numbers: Home: _____ Bus: _____

Name of Mother (Ms, Mrs, Dr, Miss) _____

Address: (same as above) or _____

Postal Code: _____

Telephone Numbers: Home: _____ Bus: _____

Previous schools attended: (please include school name, grade levels and city if not in Ottawa)

over

Student's interests and extra curricular activities:

Student's strengths:

Difficulties (if any) experienced this year:

Other issues that would assist us in educating your child:

Resource assistance or enrichment received (specify when and what it covered):

Previous assessments:
By Whom: _____ **When:** _____
(Please enclose copies of any assessments and most recent Report Card.)

Please list the main objectives you would like to see addressed in our School:

I acknowledge that Turnbull School/Turnbull Learning Centre is subject to the *Personal Information and Electronic Documents Act* and that I have read Turnbull's Privacy Statement which is located on Turnbull's web site www.turnbull.ca. I consent to the collection, use and disclosure of personal information regarding me in accordance with Turnbull's Privacy Statement and, on behalf of my child, regarding him/her in accordance with that Privacy Statement.

_____ SIGNATURE _____ DATE

I give permission to Turnbull School to discuss my child's progress with the school or board personnel, if required, in order to determine objectives, needs and strengths.

_____ SIGNATURE _____
_____ DATE

OFFICE USE ONLY

Deposit Received: _____ Cheque #: _____ Date: _____