



# APPLICATION FORM

4052 Wilkinson Road  
 Victoria, BC V8Z 5A5  
 Phone: 250-595-7765  
 Fax: 250 595-7712  
 Web: [discoveryschool.ca](http://discoveryschool.ca)  
 Email: [principal@discoveryschool.ca](mailto:principal@discoveryschool.ca)

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_ Address (if different): \_\_\_\_\_  
 City / Postal Code: \_\_\_\_\_ City / Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Schools Previously Attended:		
Name	City	Grade

Current Academic Difficulties & Diagnosis:
<b>Diagnosis:</b>
<b>Academic Challenges:</b>
<b>Rehabilitative Challenges:</b>
<b>Social / Emotional Challenges:</b>

Submission of this signed application includes permission for a representative of Discovery School to contact the above-noted schools and teachers.     Yes     No

Parent(s) Signature: \_\_\_\_\_

**For Student To Be Considered, Application Must Be Accompanied By Copies Of:**

- |                     |                          |   |
|---------------------|--------------------------|---|
| Administrative Area | <input type="checkbox"/> | 1. Identification for One Parent & Student in the form of Birth Certificate / Passport. |
|                     | <input type="checkbox"/> | 2. Proof of Residency (Driver's License)  |
|                     | <input type="checkbox"/> | 3. A Recent Psychological Assessment By A Registered Psychologist                       |
|                     | <input type="checkbox"/> | 4. A Recent Report Card   |
|                     | <input type="checkbox"/> | 5. An IEP (Individual Education Plan) if there is one                                   |
|                     | <input type="checkbox"/> | 6. A Non-Refundable \$50.00 Processing Fee (Make Cheques Out To Discovery School)       |

*\*Privacy Clause - I consent to having Discovery School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders (if applicable), parents' work numbers and email address, behavioural, academic, social, emotional, mental, and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number, and any similar information needed for registration.*