



# APPLICATION FORM

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

## STUDENT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Gender at birth \_\_\_\_\_  
 Address \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

## PARENT/GUARDIAN 1

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Cell # \_\_\_\_\_  
 e-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_  
 Address if different \_\_\_\_\_ Home # \_\_\_\_\_

## PARENT/GUARDIAN 2

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Cell # \_\_\_\_\_  
 e-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_  
 Address if different \_\_\_\_\_ Home # \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING \_\_\_\_\_ Grade \_\_\_\_\_

## SCHOOLS PREVIOUSLY ATTENDED

Name/City \_\_\_\_\_ Grade \_\_\_\_\_  
 Name/City \_\_\_\_\_ Grade \_\_\_\_\_  
 Name/City \_\_\_\_\_ Grade \_\_\_\_\_

## CURRENT ACADEMIC DIFFICULTIES & DIAGNOSIS:

Has your child had a Psycho-Educational Report?  Yes  No If Yes, Date: \_\_\_\_\_

Has your child received a diagnosis?  Yes  No If Yes, Diagnosis: \_\_\_\_\_

Does your child have an IEP?  Yes  No Child's first language: \_\_\_\_\_

## FOR STUDENT TO BE CONSIDERED, APPLICATION MUST BE ACCOMPANIED BY COPIES OF:

1. Birth Certificate/Passport of One Parent & Student
2. Proof of Residency (Driver's License)
3. A Recent Psychological Assessment By a Registered Psychologist
4. A Recent Report Card
5. A Current IEP
6. A Non-Refundable \$75.00 Processing Fee (make cheques out to Discovery School)

I agree that submission of this signed application includes permission for a representative of Discovery School to contact the above schools, teachers and psychologists. Yes \_\_\_\_\_ No \_\_\_\_\_

I consent to having Discovery School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' phone numbers and email address, behavioural, academic, social, emotional, mental and health information, most recent report card, therapist/medical/psychological testing reports, emergency contact name and number, doctor's name and number, health insurance number, and any similar information needed for the application process.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Discovery School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Discovery School, (2) for providing and receiving required information with the Ministry of Education upon registration (3) additional purposes identified when or before personal information is collected, and (4) as otherwise provided in Discovery School's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Discovery School upon confirmed registration.

Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All legal guardians must be aware and in agreement of this application