



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:

- Birth Certificate/Passport of One Parent & Student
- Proof of Residency (Driver's License)
- A Recent Psychological Assessment By a Registered Psychologist
- A Recent Report Card
- A Current IEP
- A Non-Refundable \$100.00 Processing Fee (e-transfer or 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.

Parent/Guardian 1 signature _____ Parent/Guardian 2 signature _____

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