



Académie Westboro Academy

Application for Admission

Surname: _____ First Name: _____ Usual _____

Date of Birth: _____ Age: _____ Sex: _____

Enrolment

Date of application: (m/d/y) _____

Requesting Entry Date(y) _____

Requesting Grade _____

Family Information

Parent 1

Surname _____

First Name _____

Address _____

City _____

Home phone _____

Business phone _____

Cell phone _____

Email _____

Employer _____

Occupation/title _____

Relationship to applicant _____

Parent 2

Surname _____

First Name _____

Address _____

City _____

Home phone _____

Business phone _____

Cell phone _____

Email _____

Employer _____

Occupation/title _____

Relationship to applicant _____

200 BREWER WAY, OTTAWA, ONTARIO, K1S 5R2 – TEL: (613) 737-9543 FAX: (613) 737-7716

WESTBORO@WESTBOROACADEMY.COM – WWW.WESTBOROACADEMY.COM

Siblings

Name _____

Year of Birth _____

Name _____

Year of Birth _____

Living Arrangements/Responsibility for Applicant

While attending Westboro, who will be responsible for payment of bills?

- Parent 1
- Parent 2
- Other, please specify

Name _____ Address _____ Phone _____

While attending Westboro, with whom will the applicant live? (Please indicate all that apply).

- Parent 1 (full time)
- Parent 2 (full time)
- Parent 1 (part time)
- Parent 2 (part time)
- Other, please specify

Name _____ Address _____ Phone _____

Are there any custodial arrangements? Yes No

If yes, please specify details regarding drop-off, pick up and school correspondence _____

Educational

Information

Current School

- Type: Public Home school Independent/Private Daycare/Pre-school

Name of School _____ City _____

Contact Name _____ Position _____

Do we have your permission to contact your current school? Yes No

If no, please explain _____

Language Proficiencies

Language(s) spoken at home _____

English: Beginner Basic Good Fluent

French: Beginner Basic Good Fluent

Other:
_____ Beginner Basic Good Fluent

Medical Information

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Family Physician _____ Telephone Number _____

Health Insurance Number _____ Medical Issues _____

Allergies _____ Medications _____

Emergency Contact Person _____ Relationship _____

Home Telephone _____ Work Telephone _____ Cell _____

How did you hear about Westboro Academy? _____

Application Checklist

- Application fee of \$100 Canadian funds (Application Fee is non refundable and does not guarantee admission).
- Copy of birth certificate
- Copy of Immunization Records
- Signature of parent/ guardian
- Report Cards (two previous years, if applicable)

Signatures

To the best of my knowledge, the above information is complete and accurate.

Parent 1 _____

Date _____

Parent 2 _____

Date _____