

FERN HILL SCHOOL

Burlington

Application for Admission

This Application should be completed by the Applicant's parent and returned to:
Admissions Office, Burlington Campus, 801 North Service Road, Burlington, Ontario L7P 5B6

• Email: enrol@fernhillsschool.com • Tel: (905) 634-8652 • Fax: (905) 634-1933 • www.fernhillsschool.com

Applicant's Full Name: (first) _____ (middle) _____ (last) _____

Usual Name used at School: _____

Birth date: (year/month/day) ____/____/____ Age: ____ years / ____ months Female Male

Applicant for Grade _____ for the school year beginning September 20 ____

For Preschool, please indicate: Half Day or Full Day All Preschool students must be toilet-trained prior to starting school.

Parent 1:

Title: Mr. Mrs. Dr. Ms.

Name in Full: (first) _____ (last) _____

Home Address: _____ City: _____ Postal Code: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Occupation or Title: _____

Employer's Name: _____ Business Telephone: _____

Business Address: _____ Business Email: _____

Parent 2:

Title: Mr. Mrs. Dr. Ms.

Name in Full: (first) _____ (last) _____

Home Address: _____ City: _____ Postal Code: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Occupation or Title: _____

Employer's Name: _____ Business Telephone: _____

Business Address: _____ Business Email: _____

If parents are separated or divorced, please indicate with whom the child is living: _____

If there are custody, and/or access issues, legal documentation must be provided to the school.

Present School: _____ French Immersion: ESL: IEP:

School Address: _____ Start Date at Present School: _____

Please submit the following with the Application:

- Non-refundable Application Fee \$250
- Copy of the student's Report Cards (English) for the past 2 years
- Copy of student's Birth Certificate or Passport
- Copy of PR Card or Student Visa if applicable
- Copy of student's Immunization Record
- Photo of student

The Application and supporting documents are required before any applicant will be assessed.

Continued on reverse

Student's Interests

Applicant's Full Name: (first) _____ (middle) _____ (last) _____ **
All applicants must be comfortable in verbal & written English to participate fully in classes at Fern Hill School. **

Student's First Language: _____ Student's Second Language: _____

The Applicant's arrival date in Canada: _____

Siblings' Names / Birthdates: _____

Extra-curricular Activities: _____

Musical Interests: _____

Sports Interests: _____

Other Interests: _____

Parents' Section

Tell us about your child's strengths and areas where support would be beneficial to ensure his or her academic and social success.

Finding the right fit for your child is a top priority when choosing a school. How do you think Fern Hill School can facilitate your child's success?

Signature of Parent _____ Date: _____

