



APPLICATION FORM

Date: _____

Student's Name: _____ Gender: _____

Date of Birth: _____ Age: _____ Present Grade: _____
(day / month / year)

Student's Address:

(street) _____

(city, province) _____

(postal code) _____

Present School:

Name: _____

Board: _____

First language and languages spoken at home: _____

How did you hear about Turnbull School? _____

Name of Parent/Guardian: Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr. ☐

Address: same as above ☐ or

(street) _____

(city, province) _____

(postal code) _____

Telephone Numbers:

Home: _____

Business: _____

Cellphone: _____

Email: _____

Name of Parent/Guardian: Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr. ☐

Address: same as above ☐ or

(street) _____

(city, province) _____

(postal code) _____

Telephone Numbers:

Home: _____

Business: _____

Cellphone: _____

Email: _____

Previous schools attended: (Please include school name, grade levels and city if not in Ottawa.)

Main objectives you would like for your child:

over

Student's interests and extra-curricular activities:

Student's strengths:

Student's challenges, if any:

Other information that would assist us in educating your child:

Resource assistance or enrichment received: *(Please specify when it took place and what was addressed.)*

Indicate previous assessments (Psycho-Educational, OT, Speech and Language) and sign.

Type: _____ Date: _____

No assessments to date ☐ Signature: _____

Please enclose copies of any assessments and the last two report cards.

I acknowledge that Turnbull School is subject to the *Personal Information and Electronic Documents Act* and that I have read Turnbull's Privacy Statement which is located on Turnbull's web site www.turnbull.ca. I consent to the collection, use and disclosure of personal information regarding me in accordance with Turnbull's Privacy Statement and, on behalf of my child, regarding their accordance with that Privacy Statement.

SIGNATURE

DATE

I give permission to Turnbull School to discuss my child's progress with the school reference.

SIGNATURE

DATE

OFFICE USE ONLY

Deposit Received:

Cheque #:

Date: