



APPLICATION FOR ADMISSION

SECTION 1

Admissions Information

Student is applying for which sector:	<input type="checkbox"/> English	<input type="checkbox"/> French
Student has a Certificate of Eligibility to study in English*:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student is applying to start in which grade:	Secondary: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Student is applying to start on what date:	YYYY:	MM:
Student is in (or about to begin) which grade :	Primary: <input type="checkbox"/> 5 <input type="checkbox"/> 6 Secondary: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Student's Quebec Permanent Code**:		
Student has previously applied to Centennial:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, in what year:	YYYY:	

* Students must have a **Certificate of Eligibility** issued by the Quebec government to be eligible to study in the English Sector. If the student does not have a Certificate of Eligibility, Centennial Academy will assist in obtaining one for the student.

** A **Permanent Code** is assigned to every student studying in Quebec. If the student has never studied in Quebec and therefore does not have a Permanent Code, Centennial Academy will assist in obtaining one for the student.

SECTION 2

Student Information

First / given name(s):			
Last / family name(s):			
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Home address:	Street address:		
	City:	Province:	
	Country:	Postal Code:	
Date of birth:	YYYY:	MM:	DD:
Place of birth:	City:	Province:	Country:
Citizenship(s):			
Mother tongue:	Language(s) spoken at home:		

SECTION 3

Student's Legal Status in Canada

Please put an X in every box that applies to the student.

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> A parent holds a study or work permit
<input type="checkbox"/> Permanent Resident of Quebec	<input type="checkbox"/> A parent holds a letter of protocol
<input type="checkbox"/> Official Refugee Status	<input type="checkbox"/> Other (specify):

SECTION 4**Parent / Guardian Information****PARENT 1**

First / given name(s):			
Last / family name(s):			
Relation to student (mother/father):			
Home address	Street address:		
(if different from student):	City:	Province:	
	Country:	Postal Code:	
Email address:			
Telephone (Cell, Work, Home):	C:	W:	H:
Occupation, Employer:			
Place of birth :	City:	Province:	Country:
Citizenship(s):			

PARENT 2

(complete only if applicable)

First / given name(s):			
Last / family name(s):			
Relation to student (mother/father):			
Home address	Street address:		
(if different from student):	City:	Province:	
	Country:	Postal Code:	
Email address:			
Telephone (Cell, Work, Home):	C:	W:	H:
Occupation, Employer:			
Place of birth :	City:	Province:	Country:
Citizenship(s):			

LEGAL GUARDIAN

(complete only if applicable)

First / given name(s):			
Last / family name(s):			
Relation to student:			
Home address	Street address:		
(if different from student:	City:	Province:	
	Country:	Postal Code:	
Email address:			
Telephone (Cell, Work, Home):	C:	W:	H:
Occupation, Employer:			

SECTION 5

Student's Learning Profile

Please provide information about the schools that the student has attended, starting with the most recent.

Name of school	Grades passed	Main language of instruction	Reason(s) for leaving

Please answer the following questions and provide details, if applicable.

Question	Yes	No	Details
Did the student receive a derogation to start school early?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever skipped a grade? If yes, which one?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever repeated a grade? If yes, which one?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever received remediation or enrichment at school? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever had an Individualized Education Program (IEP)? If yes, please indicate in which year(s).*	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever received accommodations in school, such as extra time, a quiet space or a computer for writing exams? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever had a psychological assessment? If yes, please indicate in which year(s).*	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever had a learning assessment? If yes, please indicate in which year(s).*	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever had any interventions outside of school with a psychologist or counsellor (i.e., ABA)? If yes, please indicate in which year(s).	<input type="checkbox"/>	<input type="checkbox"/>	
What are the student's academic strengths?			
What are the student's academic weaknesses?			
What are the student's hobbies and interests?			

* Please include a copy of any IEPs, psychological assessment reports and/or learning assessment reports with this Application for Admission form.

SECTION 6

Student's Family Profile

Please indicate who has legal custody of the student.

<input type="checkbox"/> Parent 1 and Parent 2	<input type="checkbox"/> Parent 1 (exclusively)	<input type="checkbox"/> Parent 2 (exclusively)
<input type="checkbox"/> Parent 1 and Parent 2 (shared)	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other (specify):

Please indicate if any of these situations applies to the student, as they may affect the student's learning.

<input type="checkbox"/> Parents are separated or divorced.	<input type="checkbox"/> One or both parents are deceased.
<input type="checkbox"/> A parent or sibling is chronically ill.	<input type="checkbox"/> One or both parents live abroad.

Please provide information about the student's siblings (if the student has siblings).

Sibling's first / given name	Gender	Age	Name of current school

Please indicate with whom Centennial Academy should communicate about the student.

<input type="checkbox"/> Parent 1 and Parent 2	<input type="checkbox"/> Parent 2
<input type="checkbox"/> Parent 1	<input type="checkbox"/> Legal Guardian

Please indicate to whom Centennial Academy should send invoices.

<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Legal Guardian
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Please provide the names of any family members of the student who have attended Centennial Academy.

Full name	Relationship to student	Graduation or years

SECTION 7

Additional Information

Please let us know how you heard about Centennial Academy (put an X in every box that applies).

<input type="checkbox"/> An advertisement on the internet	<input type="checkbox"/> By searching for a school on the internet
<input type="checkbox"/> An advertisement in a magazine or newspaper	<input type="checkbox"/> At a school fair or education fair
<input type="checkbox"/> An advertisement on the radio	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> A family member or friend	Name:
<input type="checkbox"/> The student's current school or previous school	Name:
<input type="checkbox"/> The student's pediatrician, psychologist, or psychiatrist	Name:
<input type="checkbox"/> A learning specialist, speech therapist or tutor	Name:

SECTION 8

Signature and Fee

I hereby certify that the information I have provided in this form is accurate and complete.

Name of Parent or Legal Guardian:	
Signature of Parent or Legal Guardian:	
Date of signature:	YYYY: MM: DD:

I have enclosed the non-refundable application fee of CAD \$50, in the following form:

<input type="checkbox"/> Interac (Click here for instructions)	<input type="checkbox"/> Cash	<input type="checkbox"/> Personal cheque (made payable to Centennial Academy)
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