



ADMISSION APPLICATION FORM

| APPLICANT INFORMATION | | | | | | |
|---|---------------|-------------|---------------------|------------------------------|------------|--------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | | |
| BIRTHDATE (D/M/Y) | CURRENT GRADE | | ENTRY GRADE | | ENTRY YEAR | |
| NAME OF CURRENT SCHOOL | | | DATES OF ATTENDANCE | | | |
| NAME OF PREVIOUS SCHOOL | | | DATES OF ATTENDANCE | | | |
| THE SEARCH FOR A SCHOOL WAS INITIATED BY (IF OTHER PLEASE EXPLAIN) | | APPLICANT | YES | NO | PARENT(S) | YES NO |
| ARE YOU APPLYING FOR FINANCIAL ASSISTANCE? (IF YES, PLEASE ATTACH OUR COMPLETED BURSARY APPLICATION WITH THIS FORM) | | | | | YES | NO |
| HOME ADDRESS | | | | LIVES WITH | | |
| STREET ADDRESS | | | | BOTH PARENTS | YES | NO |
| | | | | BOTH PARENTS, SHARED TIME | YES | NO |
| CITY | PROVINCE | POSTAL CODE | | MOTHER | YES | NO |
| APPLICANT'S E-MAIL ADDRESS | | | | FATHER | YES | NO |
| | | | | GUARDIAN | YES | NO |
| HELP US GET TO KNOW YOUR DAUGHTER BETTER | | | | | | |
| WHAT DO YOU SEE AS YOUR DAUGHTER'S PARTICULAR STRENGTHS AND TALENTS? | | | | | | |
| ARE THERE ASPECTS OF YOUR DAUGHTER'S PERSONAL, PHYSICAL, OR EMOTIONAL LIFE THAT YOU WOULD LIKE TO SEE STRENGTHENED AT LINDEN? | | | | | | |
| HAS YOUR DAUGHTER EVER RECEIVED PSYCHO-EDUCATIONAL TESTING? IF YES, PLEASE PROVIDE COPIES OF THE REPORT. | | | | | YES | NO |
| DOES YOUR DAUGHTER HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)? IF YES, PLEASE PROVIDE A COPY OF THE IEP. | | | | | YES | NO |
| HAS YOUR DAUGHTER EVER BEEN EITHER SUSPENDED OR EXPELLED FROM SCHOOL? | | | | | YES | NO |
| IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES AND DATE(S) | | | | | | |



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|------------------------------------|-----------|-------------|----------------|--------------------|-----------|----|---|
| APPLICANT'S NAME | | | | | | | |
| PARENT/GUARDIAN INFORMATION | | | | | | | |
| PARENT/GUARDIAN A | | | | | | | |
| NAME | | | | LIVES WITH STUDENT | YES | NO | |
| STREET ADDRESS | | | | SUPPORTS STUDENT | YES | NO | |
| CITY | | | | SUPPORTS EDUCATION | YES | NO | |
| PROVINCE | | POSTAL CODE | | CUSTODIAL | YES | NO | |
| EMAIL | | | | NON-CUSTODIAL | YES | NO | |
| OCCUPATION | | | HOME PHONE | | | | |
| POSITION | | | BUSINESS PHONE | | | | |
| EMPLOYED BY | | | CELL PHONE | | | | |
| PARENT/GUARDIAN B | | | | | | | |
| NAME | | | | LIVES WITH STUDENT | YES | NO | |
| STREET ADDRESS | | | | SUPPORTS STUDENT | YES | NO | |
| CITY | | | | SUPPORTS EDUCATION | YES | NO | |
| PROVINCE | | POSTAL CODE | | CUSTODIAL | YES | NO | |
| EMAIL | | | | NON-CUSTODIAL | YES | NO | |
| OCCUPATION | | | HOME PHONE | | | | |
| POSITION | | | BUSINESS PHONE | | | | |
| EMPLOYED BY | | | CELL PHONE | | | | |
| SIBLINGS | | | | | | | |
| CURRENT SCHOOL | AGE/GRADE | M | F | CURRENT SCHOOL | AGE/GRADE | M | F |
| CURRENT SCHOOL | AGE/GRADE | M | F | CURRENT SCHOOL | AGE/GRADE | M | F |



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|--------------------------|-------------|--------------------|-----|----|
| APPLICANT'S NAME | | | | |
| PARENT/GUARDIAN C | | | | |
| NAME | | LIVES WITH STUDENT | YES | NO |
| STREET ADDRESS | | SUPPORTS STUDENT | YES | NO |
| CITY | | SUPPORTS EDUCATION | YES | NO |
| PROVINCE | POSTAL CODE | CUSTODIAL | YES | NO |
| EMAIL | | NON-CUSTODIAL | YES | NO |
| OCCUPATION | | HOME PHONE | | |
| POSITION | | BUSINESS PHONE | | |
| EMPLOYED BY | | CELL PHONE | | |
| PARENT/GUARDIAN D | | | | |
| NAME | | LIVES WITH STUDENT | YES | NO |
| STREET ADDRESS | | SUPPORTS STUDENT | YES | NO |
| CITY | | SUPPORTS EDUCATION | YES | NO |
| PROVINCE | POSTAL CODE | CUSTODIAL | YES | NO |
| EMAIL | | NON-CUSTODIAL | YES | NO |
| OCCUPATION | | HOME PHONE | | |
| POSITION | | BUSINESS PHONE | | |
| EMPLOYED BY | | CELL PHONE | | |



ADMISSION APPLICATION FORM

| | | |
|---|---|--|
| APPLICANT'S NAME | | |
| PLEASE COMPLETE THIS SECTION WITH YOUR DAUGHTER | | |
| WHAT SCHOOL SUBJECTS DO YOU MOST ENJOY AND LEAST ENJOY? | | |
| WHAT ARE YOUR FAVOURITE THINGS TO DO OUTSIDE OF SCHOOL? | | |
| HAVE YOU, OR ARE YOU CURRENTLY STUDYING A MUSICAL INSTRUMENT OR VOICE? IF SO, WHAT AND FOR HOW MANY YEARS? (PLEASE LIST INSTRUMENT/S) | YES | NO |
| IS THERE ANY OTHER INFORMATION THAT YOU WISH TO SHARE WITH US? | | |
| HOW DID YOU HEAR ABOUT US? (CHECK ALL THAT APPLY) | | |
| <input type="checkbox"/> CURRENT/FORMER LINDEN PARENT OR STUDENT <input type="checkbox"/> FAMILY, FRIEND OR COLLEAGUE <input type="checkbox"/> INDEPENDENT RESEARCH <input type="checkbox"/> THE LINDEN SCHOOL'S WEBSITE | <input type="checkbox"/> CURRENT TEACHER/COUNSELLOR OR PRINCIPAL <input type="checkbox"/> EDUCATION CONSULTANT <input type="checkbox"/> NEWS ARTICLE/ADVERTISEMENT <input type="checkbox"/> SOCIAL MEDIA (E.G. FACEBOOK) | <input type="checkbox"/> SCHOOL FAIR (E.G. OUR KIDS) <input type="checkbox"/> RELOCATION AGENT <input type="checkbox"/> OTHER (PLEASE SPECIFY) |
| APPLICATION CHECKLIST — PLEASE ENCLOSE THE FOLLOWING | | |
| <input type="checkbox"/> FINAL REPORT CARDS FROM THE LAST TWO YEARS, ALONG WITH YOUR DAUGHTER'S MOST RECENT REPORT CARD <input type="checkbox"/> COPIES OF PSYCHO-EDUCATIONAL TESTING RESULTS AND/OR IEP (IF APPLICABLE) <input type="checkbox"/> A COPY OF YOUR DAUGHTER'S BIRTH CERTIFICATE <input type="checkbox"/> A NON-REFUNDABLE APPLICATION FEE OF \$150 (CHEQUE MADE PAYABLE TO "THE LINDEN SCHOOL") | | |
| POLICY STATEMENT | | |
| <p>The Linden School does not discriminate on the basis of race, sexual orientation, creed, colour or national origin in its admissions procedures or educational policies. The Principal reserves the right to ask for the removal of any student who fails to reach the standard expected of her by the school in either work or conduct. By signing this application, the parent(s) or guardian(s) agree(s) to be bound by all of the school's policies, including the policy concerning the payment of fees, which can be reviewed at www.lindenschool.ca.</p> | | |
| SIGNATURE (REQUIRED) | | |
| <input type="checkbox"/> I / WE AGREE TO THE LINDEN SCHOOL'S POLICY STATEMENT ABOVE. | | |
| PARENT/GUARDIAN SIGNATURE | DATE | |
| STUDENT SIGNATURE | DATE | |