

**AVENUE ROAD ACADEMY - Camp Manitou**

**Leadership & Peer Support - GPP30 Student Application 2018**



**Legal Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name/Initial:** \_\_\_\_\_  
(Note: Legal Name must be shown on legal document (i.e. birth certificate, passport, etc.) and will appear on all school records)

**Female**  **Date of Birth:** \_\_\_\_\_ **Age at Registration:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_  
**Male**  YYYYY/MM/DD

**Home Address:** \_\_\_\_\_ **Home Number:** (\_\_\_\_) \_\_\_\_\_ **Listed:** Yes  No   
Street No. and Name Apt. #  
\_\_\_\_\_  
**Cell Number:** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
City Postal Code

**Parent(s)/Legal Guardian(s)**

Mr./Mrs./Ms. (Please circle one)

Mr./Mrs./Ms. (Please circle one)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Last Name First Name

**Relationship to Student:** (please circle)

**Relationship to Student:** (please circle)

**Mother**  **Father**  **Legal Guardian**

**Mother**  **Father**  **Legal Guardian**

**Telephone Contact:** (\_\_\_\_) \_\_\_\_\_

**Telephone Contact:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Access to Student:** Yes  No

**Access to Student:** Yes  No

**Education Information**

**Current High School:** \_\_\_\_\_

**Last Grade Completed:**  9  10  11  12

**Has student previously received Special Education support?** Yes  No  **Type of Program (if known):** \_\_\_\_\_

**Student has an IEP:** Yes  No

**Please provide a recent Transcript** Yes  **or** **Credit Counselling Summary:** Yes

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian/Student 18 or over**

\_\_\_\_\_  
**Date: YYYY/MM/DD**

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network. The Ontario Health Card number will be shared with local public health authorities.

**Payment Information** Cost of Course is \$600.00 payable to Camp Manitou

**I wish to pay by:**  Cheque Enclosed  VISA  MasterCard  AMEX **Card Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
CVC \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**MAIL OR FAX THIS APPLICATION TO CAMP MANITOU 2478 YONGE STREET, TORONTO, ON M4P 2H5 OR FAX 416-322-3635**