

AVENUE ROAD ACADEMY - Camp Manitou
Leadership & Peer Support - GPP30 Student Application 2021



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 <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Telephone Contact: (____) _____	Telephone Contact: (____) _____
E-mail Address: _____	E-mail Address: _____
Access to Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	Access to Student: Yes <input type="checkbox"/> No <input type="checkbox"/>

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