

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 **YYYY/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 Mailed Separately VISA MasterCard AMEX

Card Number: _____ Exp Date: ____/____ CVC _____

Name on Card: _____ Signature: _____