



BRAEMAR HOUSE SCHOOL

Admission Application

Student's Name: _____ M__ F__
Last First Middle

Date of Birth (Y/M/D) _____ Name Commonly Used _____

Application for School Year beginning September 200 _____

Program: GRADE _____ PREP ONE Program: _____ Full days

MONTESSORI: _____ Full Days or _____ Half Days A.M. or _____ Half Days P.M.

Mother's Name _____ Telephone _____

Home Address _____ City _____ Postal Code _____

Business Phone No. _____ Cell Phone _____

Father's Name _____ Telephone _____

Home Address _____ City _____ Postal Code _____

Business Phone No. _____ Cell Phone _____

Email address: _____

Emergency Contact Name _____ Telephone _____

Health Information

OHIP Number _____ Known Allergies _____

For other health information, that you feel the school should know, please write it on the back of this form.
See Over _____

Present School _____ Grade _____

School Address _____ City _____ Postal Code _____

Principal _____ Telephone () _____

I give permission to Braemar House School to obtain information about my child from my child's current/previous school.

Signature of Parent _____ **Date** _____

We were referred to Braemar by the following Braemar family: _____

Please attach the following:

- ⇒ Application Fee: A fee of \$100 is required with this application. If this application is not accepted, the \$100 will be refunded. If this application is accepted, the \$100 fee will be applied to the tuition.
- ⇒ Copies of all final Report Cards and any Educational Assessments or Programs done.