



BRAEMAR HOUSE SCHOOL

Student's Name: _____ M__ F__
Last First Middle

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

GRADE _____ for School Year beginning September 20 _____

Mother's Name _____ Home Telephone _____

Home Address _____ City _____ Postal Code _____

Business Phone No. _____ Cell Phone _____

Email address: _____

Father's Name _____ Home 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: _____

We learned about Braemar from (circle all that apply):

Facebook Our Kids Website Newspaper Word-of-Mouth Other: _____

Why did you choose Braemar House School? What are your expectations? _____

Please provide the following:

\$100 Application Fee. For accepted applications, fee will be applied to tuition.

Copies of all final Report Cards, or Progress Reports and any Educational Assessments or Programs completed.