



# West-Mont School

## Application for Admission

2009/2010 School Year

Today's Date: \_\_\_\_\_

M  F

Applicant's Name: FIRST MIDDLE LAST

Legal Name: *(If different from above)*

Name Applicant is Called *(If different from above)*

Applicant's Citizenship

Date of Birth: Year Month Day

Level into which Admission is requested: \_\_\_\_\_

School Year Applied for: \_\_\_\_\_

Pre-School: Morning  Afternoon *(if offered)*

Full Day

Kindergarten *(age 5 by Dec. 31/09)*: Morning

Afternoon *(if offered)*

Full Day

Elementary/Middle School Grade: \_\_\_\_\_

Home School

Name of Current School *(If applicable)*

Address

Phone Number

Father's Name

Father's Citizenship

Address *(If different from student address)*

Phone *(home)*

*(business)*

*(cell)*

E-Mail

Occupation *(Please be as specific as possible)*

Professional Title *(If applicable)*

Name of Employer

Address of Employment

Mother's Name

Mother's Citizenship

Address *(If different from student address)*

Phone *(home)*

*(business)*

*(cell)*

E-Mail

Occupation *(Please be as specific as possible)*

Professional Title *(If applicable)*

Name of Employer

Address of Employment

Payment Option *(check one)*:

In Full *(due July, 2009)* for the school year 2009-2010

12 monthly payments *(July 1, 2009 to June 1, 2010)*

**PLEASE ATTACH THE \$100 REGISTRATION FEE TO THIS FORM. THANK YOU.**

**Sibling Information:**

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Name	Age	School
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Name	Age	School
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Name	Age	School
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**Applicant lives with:** Both parents  Father only  Mother only  Guardian

**Other** (please specify): \_\_\_\_\_

**Has the applicant had any psycho-educational assessment?** Yes  No   
*(If yes, please include the assessment with this application.)*

**Has the applicant ever had Learning Assistance of any kind?** Yes  No

**If yes, please explain the nature and duration of this assistance:** \_\_\_\_\_

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**Do you give permission for a teacher from West-Mont to contact the applicant’s current school to discuss his/her progress?** Yes  No

**Is there any other information about the applicant that you feel the School should know in order to help him/her integrate well into the school (e.g. academic, social, medical situations)?**

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**How did you first hear about West-Mont School:**

A current parent  A member of West-Mont staff  A current student  Newspaper advertisement   
A former student  Magazine advertisement  Web search

**Have you visited the West-Mont website?** Yes  No

**Please enclose with this application child’s most recent school report, if applicable.**

**Is there any person NOT permitted access to the child? Yes  No**   
*(If yes, please attach relevant information to this application)*

**Declaration of Parent or Guardian:**

For the purpose of establishing eligibility to receive the annual grant to Independent Schools from the BC Ministry of Education, I declare that either:

I am a citizen of Canada or a landed immigrant and a permanent resident of British Columbia, or

I have been lawfully admitted to Canada and I am a resident in British Columbia

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Signature of Parent or Guardian

Date: