

Application for Admission for all Applicants JK-12

PART I: APPLICANT INFORMATION

Surname:	Legal First Name:
Middle Name:	Preferred Name:
Place of Birth:	
Date of Birth: Month [] Day [] Year [] Age [] Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Citizenship Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant (date of entry):	
Country of Citizenship:	First language spoken:
Applicant Email:	Primary language spoken:

PART II: SCHOOL INFORMATION

Applying for entry into Grade:	Entry Date (please circle option): Immediate 2010 2011	
Status: <input type="checkbox"/> Day student <input type="checkbox"/> Boarding student	Present Grade:	
Current School:	Tel: ()	
Education History:		
School:	Date of Attendance:	Grade:
School:	Date of Attendance:	Grade:

PART III: GENERAL

How did you hear about Pickering College? Please be specific.

Website Friend Family Fair Open House Agent Other _____

Are you working with an educational agent? Yes No

Name: _____ Email: _____

Which Pickering College students and / or families are known to you? Did any of your relatives attend Pickering College?

Name: _____ Relation: _____

Name: _____ Relation: _____

Sibling Name: _____

Year of birth: _____ Present School / University: _____

Sibling Name: _____

Year of birth: _____ Present School / University: _____

Sibling Name: _____

Year of birth: _____ Present School / University: _____

PART IV: FAMILY INFORMATION

Mother: Miss Ms. Mrs. Dr. Other

Last name: _____ First name: _____

Home Address: _____

City: _____ Prov / State: _____

Country: _____ Postal Code: _____

Home Phone: _____ Home Fax: _____

Home E-mail: _____

Profession: _____ Position: _____

Company: _____

Address: _____

City: _____ Prov / State: _____ Postal Code: _____

Work Phone: _____ Work Fax: _____

Work E-mail: _____

Father: Mr. Dr. Other

Last name: _____ First name: _____

Home Address: _____

City: _____ Prov / State: _____

Country: _____ Postal Code: _____

Home Phone: _____ Home Fax: _____

Home E-mail: _____

Profession: _____ Position: _____

Company: _____

Address: _____

City: _____ Prov / State: _____ Postal Code: _____

Work Phone: _____ Work Fax: _____

Work E-mail: _____

PICKERING COLLEGE

16945 Bayview Avenue, Newmarket, ON Canada L3Y 4X2

Tel 905 895 1700 **Toll-free** 1 877 895 1700 **Fax** 905 895 1306

E-mail admission@pickeringcollege.on.ca

Web www.pickeringcollege.on.ca

PART V: STUDENT PROFILE

To be completed by parents: Please list any awards or distinctions your child has received.

Does your child have Ontario Health Coverage (OHIP)? Yes No

Has your child skipped or repeated a grade? Yes No (If yes, please explain)

Has your child ever attended summer school or night school? Yes No (If yes, please explain)

Have you ever engaged a tutor to assist your child with his / her studies? Yes No (If yes, please explain)

Has your child ever received a school suspension or expulsion? Yes No (If yes, please explain)

Is your child experiencing any learning difficulties? Yes No (If yes, please explain)

Is your child taking medication? Yes No (If yes, please list the prescribed drug and the daily dosage)

Optional Question: Has your child ever undergone an educational or psychological evaluation or treatment? Yes No

If yes, please provide copies of the appropriate reports and explain here.

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PART VI: APPROVALS

Parents are:

Married Separated Divorced

If parents are separated or divorced, who has custody?

Joint Mother only Father only Other _____

Applicant lives with:

Both parents Mother only Father only Guardian Other _____

Person(s) to whom billings, reports & correspondence are to be sent (check all that apply):

Both parents Mother Father Guardian Custodian (translator) Agent

Local Custodian (or Guardian) required for Boarding students from outside Ontario

Last name: _____ First name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (day) _____ (evening) _____

E-mail: _____

Emergency Contact

Name of local emergency contact: _____

Phone: (day) _____ (evening) _____

E-mail: _____

Release: I hereby authorize Pickering College to release any of the following items: application information, admission status, letter of offer, report cards, progress and attendance reports to:

Agency _____ Other educational institution _____

Relative/Friend/Custodian _____

Date: _____ Applicant's signature: _____

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RELEASE SIGNATURES

The following signatures refer to the entire contents of this booklet once completed and are required in order for Pickering College to process your application. Please follow instructions carefully.

Date:

Applicant's signature:

Mother's signature:

Father's signature:

The information provided in this application is collected for the purpose of determining admission to Pickering College. Information will remain on file with the Admission Office for a period of three years. If an applicant is admitted to the school, the applicant's information will be shared with other offices within the school. At no point will anyone outside Pickering College be given proprietary access to your information, unless permission has been given in Part VI.

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