



# APPLICATION FORM

STUDENT #: \_\_\_\_\_

TITLE: MR  MRS  MS  MISS

PARENT  or GUARDIAN

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## STUDENT INFORMATION

GENDER : Male  Female  CURRENT GRADE : \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE HOME: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: dd / mm / yy CURRENT SCHOOL: \_\_\_\_\_

## STUDENT BACKGROUND INFORMATION

Has your child been diagnosed with any learning challenges?: YES  NO  If yes explain:

\_\_\_\_\_

Does your child have emotional or behavioural disorders?: YES  NO  If yes explain:

\_\_\_\_\_

Does your child have any allergies?: YES  NO  If yes explain:

\_\_\_\_\_

## STUDENT COURSE(S)

NAME OF COURSE(S): \_\_\_\_\_ COURSE CODE(S): \_\_\_\_\_

PREFER: MON - WED  or TUES - THURS

*Wiz Kidz Learning Centre is committed to keeping parents/guardians informed of any issues that may affect a student's grades. We will contact you with updates on students' progress or with any concerns we may have.*

### PAYMENT OPTIONS

I am enclosing a 25% Deposit.

\$ \_\_\_\_\_.

I am enclosing the full amount of the course:

\$ \_\_\_\_\_.

Parent/Guardian

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_