



SHAMBHALA SCHOOL

Genuine Delight in Learning

Application for Admission for 2018/19 School Year

Grades 1 to 12

Student

Last Name: _____ First Names: _____

Date of Birth: DD/MM/YY _____/_____/_____ Gender: _____

Present Grade: _____ Grade and Date for which Admission is sought: _____

Place of Residence: *(please check appropriate box)*

both parents with parent 1 with parent 2 with guardian shared custody

Parent 1

Last name: _____ First Names: _____

Address: _____ City: _____

Postal Code: _____ Phone Cell: _____ Phone H.: _____

Employer: _____

Occupation: _____ Email: _____

Parent 2

Last name: _____ First Names: _____

Address: _____ City: _____

Postal Code: _____ Phone Cell: _____ Phone H.: _____

Employer: _____

Occupation: _____ Email: _____

GENERAL INFORMATION

Siblings *(in order of birth)*

Name	Age	School/Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schools Attended *(last one first)*

Name of School	Location	Grades & Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

French Immersion Experience: Yes No

Other

Members of the family, if any, who have previously attended the Shambhala School *(names and dates)*

Languages spoken in the home besides English, if any _____

What interests you about the Shambhala School? What is your child's interest in the school?

Are there any special aspects of your child's history that may impact their academic and social life at school? Please describe

Other (continued)

If your child has received special education support or testing in the past, please briefly describe below.

Thank you for your interest in the Shambhala School