



# SHAMBHALA SCHOOL

Genuine Delight in Learning

## Application for Admission for 2019/20 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

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## Schools Attended *(last one first)*

Name of School

Location

Grades & Dates

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French Immersion Experience: Yes  No

## Other

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

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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?

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

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**Other (continued)**

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

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Thank you for your interest in the Shambhala School