



# The Element High School Application Form e<sup>2</sup> Grades 9, 10, 11 and 12

## Student Information:

**Student's Name:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
First Preferred Last

Home Address: \_\_\_\_\_

Grade application is for: \_\_\_\_\_ Date to begin: \_\_\_\_\_

Birthday (M/D/Y) \_\_\_\_\_ Present Grade: \_\_\_\_\_

**Present School:** \_\_\_\_\_  
Name Address

Years Attended: \_\_\_\_\_ Grade level completed: \_\_\_\_\_

**Previous School:** \_\_\_\_\_  
Name Address

Years Attended: \_\_\_\_\_ Grade level completed: \_\_\_\_\_

## Parent/Guardian 1 Information:

**Name:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
First Preferred Last

Home address: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Parent/Guardian 2 Information:

**Name:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
First Preferred Last

Home address: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**All correspondence should be sent to:**  Guardian 1  Guardian 2  Both

*(Please see over.)*



Signature (Student): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Guardian 1): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Guardian 2): \_\_\_\_\_ Date: \_\_\_\_\_

*Please email your application to [greg@elementhighschool.com](mailto:greg@elementhighschool.com) fax it to [613-521-6796](tel:613-521-6796), or send or bring it to the OMS Montessori office as below.*

*The application fee of \$200 should be sent or delivered to:*

*OMS Montessori  
335 Lindsay Street,  
Ottawa, ON K1J 0L6*

*(Please see over.)*