

Application Form: e¹ (Grades 7 & 8)

Student Information: To be Completed by a Guardian of Applicant

Student's Name:	()			
First	Preferred	Last		
Home Address:				
Grade application is for:	Date to begin:	Gender:	Male	
Birthday (M/D/Y)	Present Grade:	- ,	Female O ther	
Present School:				
Name	A	Address		
Years Attended:	Grade level comple	Grade level completed:		
Previous School:				
Name	A	Address		
Years Attended:	Grade level comple	eted:		
Parent/Guardian 1 Inform	nation:			
Name:	()			
First	Preferred	Last		
Home address:				
Preferred E-mail:	Home phone	e:		
Cell Phone:	Work Phone:			
			Please see d	





Parent/Guardian 2 Information:

Name:			
First	Preferred	Last	
Home address:			Postal Code:
Preferred E-mail:		Home phone:	
Cell Phone:		Work Phone:	
All correspondence should be sen	nt to: Guardian 1	☐ Guardian 2	□Both
Signature (Guardian 1):		Date: _	
Signature (Guardian 2):		Date: _	
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- E-mail to sarah@elementhighschool.com, or
- drop off to The Element High School:
 - √ this application
 - ✓ copies of the student's two most recent report cards
 - ✓ the Teacher Reference Form
- ✓ the \$250 Application fee

The application fee of \$250 can be paid by cheque (made out to OMS Montessori) with the application package or paid by credit card over the phone to our business office:

> OMS Montessori 335 Lindsay Street Ottawa, ON K1G OL6 613-521-5185

Business hours: 8:00 AM to 4:30 PM