

Application Form: $e^2 \& e^3$ (Grades 9, 10, 11, 12)

Student Information: To be Completed by a Guardian of Applicant

| Student's Name: | | | | | |
|-------------------------|-------------|------------------------|--------------|----------------|--|
| First | | Preferred | Last | | |
| Home Address: | | | | | |
| Grade application is fo | r: | Date to begin: | Gender: | Male Female | |
| Birthday (M/D/Y) | | Present Grade: | | Other | |
| Present School: | | | | | |
| | Name | Address | | | |
| Years Attended: | | Grade level completed: | | | |
| Previous School: | | | | | |
| | Name | Ac | ldress | | |
| rears Attended | | Grade level comple | | | |
| Parent/Guardia | n 1 Informa | ation: | | | |
| Name: | | () | | | |
| Fire | st | Preferred | Last | | |
| Home address: | | | Postal code: | | |
| | | | | | |
| | | | | | |
| | | | | | |





Parent/Guardian 2 Information:

| Name:(| | | |
|-------------------------------------|---------------|---------------|--------------|
| First Home address: | Preferred | Last F | Postal Code: |
| Preferred E-mail: | | . Home phone: | |
| Cell Phone: | | Work Phone: | |
| All correspondence should be sent t | o: Guardian 1 | ☐ Guardian 2 | □Both |
| Signature (Guardian 1): | <u> </u> | Date: _ | |
| Signature (Guardian 2): | | Date: _ | |
| | | | |

Please

- 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 by calling 613 521-5185

> OMS Montessori 335 Lindsay Street Ottawa, ON K1G OL6 613-521-5185 Business hours: 8:00 AM to 4:30 PM

