



APPLICATION FOR ADMISSION FROM GRADES 1 TO 9

Date of application _____ Grade applying for _____

Date of proposed entrance _____

Name of student _____
(family name) (given names – underline name used)

Date of birth ____ / ____ / ____ Sex M F
(d) (m) (y)

Address of student _____ City _____

Postal Code _____ Telephone Number _____

Present school and grade _____

School address _____

Special interests of the pupil _____

Other information which may be helpful in assessing this application.

If this application is accepted, I hereby agree to adhere to all rules and regulations of Wishing Well Schools and to pay all school fees and educational expenses.

Date _____ Signature of parent/guardian _____

Please provide with this application a copy of the birth certificate, the last two report cards, the completed forms (8 total) and all Registration Fees.

Office Use:

Interview Date _____

Registration Fees and completed forms received _____

Postdated cheques received _____ Confirmation Sent _____