



MacLachlan College

Student Name _____ Male Female Date of Birth _____ (DD/MM/YYYY)
SURNAME GIVEN NAMES

Application for Grade _____ for the school year starting September, 20 _____

Present School _____ Years attended _____ Current Grade _____

Parents'/Guardians' Names

_____ FATHER _____ MOTHER

Address(es) _____ STREET _____ STREET _____

_____ CITY _____ PROVINCE _____ POSTAL CODE _____ CITY _____ PROVINCE _____ POSTAL CODE _____

Telephone () () () ()
HOME UNLISTED BUSINESS HOME UNLISTED BUSINESS

() () () ()
FAX MOBILE FAX MOBILE

e-mail _____

Employer (Name and Address) _____ FATHER _____ MOTHER _____

Occupation/Title _____

ADDRESSES FOR CORRESPONDENCE:

1. Billings same as above and/or _____
2. Report Cards same as above and/or _____
3. Correspondence same as above and/or _____
4. Please indicate custody arrangements if separated or divorced and with whom the child is living: _____

MEDICAL INFORMATION

Doctor/Physician _____ Health Card No. _____

Telephone _____

Medical History *(please list any serious allergies or medical conditions and/or medication your child takes regularly.)*

EMERGENCY CONTACT (other than parents)

Name _____ Relationship _____

Telephone no.1 _____ Telephone no. 2 _____

In consideration of the acceptance of this application for admission and other good and valuable consideration, I/we agree to pay promptly school tuition fees and disbursements; I/we covenant to adhere to the code of behaviour rules governing the school, of which I/we have received a copy. I/we have read the Schedule of Fees included with this application and agree that the said rules, code of behaviour and regulations shall be incorporated as terms of the agreement entered into herein.

Signatures of Parent/Guardians _____ FATHER _____ MOTHER _____

Date _____

School History including dates of attendance, evaluation of progress and enrichment or remediation requirements

if any _____

Languages spoken at home _____

Information about siblings _____

| | NAME | AGE | SCHOOL |
|--|------|-----|--------|
| | NAME | AGE | SCHOOL |
| | NAME | AGE | SCHOOL |

GENERAL

How did you hear of MacLachlan College? _____

MacLachlan students known _____

Reasons for applying for admission _____

STUDENT PREFERENCES (to be completed by student)

a) Favourite subjects _____

b) Subjects requiring special attention _____

c) Hobbies and special interests _____

d) Music – Do you play any instruments? If so which ones? _____

e) What recreational sports interest you? _____

f) What competitive sports would you like to play? _____

g) What is your level of computer skill and what system 1 2 3 4 5 Platform _____

h) Any other information which you feel we should know _____

i) Why do you want to attend MacLachlan College? _____

*Note: Please enclose copies of the most recent school reports and last year's final report.
 A non-refundable application fee of \$150.00 for Canadian students and \$250.00 for International students must accompany each application form.*

COMPLETED APPLICATION SHOULD BE FORWARDED TO MACLACHLAN COLLEGE



337 Trafalgar Road, Oakville, ON L6J 3H3 Canada
 T (905) 844-0372 F (905) 844-9369 E registrar@maclachlan.ca W www.maclachlan.ca