



APPLICATION FOR ADMISSION

To be completed by the Parents / Guardians of the Applicant

Applicant's Full Name: _____ Gender: Male Female
Legal Name (last/first/middle) (preferred name)

Grade to Enter: _____ Current Grade: _____ Boarding Student Day Student
Grade Entry Date

Applicant's Home Address: _____
Street City

Province/State Postal Code Country

Home Telephone: (_____) _____ First Language: _____

Date of birth: _____ Country of citizenship: _____ Language spoken at home: _____
Month / Day / Year Country Name

Social Insurance number/Social Security number of applicant, if available: _____

Passport: No Yes If yes please provide copy: Passport number: _____ Expiration date: _____

Parent/Guardian Information

Please check and circle all that may apply:

- Parents are married/common-law Father/Mother is deceased Father has custody
 Parents are separated/divorced Parents have joint custody Mother has custody
 There are special arrangements/court orders regarding access or visitation that the School should be aware of.
(If so, complete documentation/instructions will be required prior to enrollment.)

Primary Contact: Father Mother Both Other _____

Name: Mr. Mrs. Ms. Dr. _____

Home Address: _____
Street City

Province/State Postal Code Country

Home Telephone: (_____) _____ Home Fax Number: (_____) _____
(If different from applicant)

Primary Email Contact: _____ Cellular: (_____) _____

Business Name: _____ Position: _____
Business Address: _____
Street City Province/State Postal Code Country
Business Website (if applicable): _____
Telephone: (_____) _____ Fax Number: (_____) _____

Parent/Guardian Information (continued)

Spouse: Mr. Mrs. Ms. Dr. _____

Secondary Email Contact: _____ Cellular: (_____)

Business Name: _____	Position: _____			
Business Address: _____				
<i>Street</i>	<i>City</i>	<i>Province/State</i>	<i>Postal Code</i>	<i>Country</i>
Business Website (if applicable): _____				
Telephone: (_____) _____	Fax Number: (_____) _____			

Secondary Contact (in the case of divorced or separated families): Father Mother Both Other _____

Name: Mr. Mrs. Ms. Dr. _____

Home Address: _____
(If different from applicant) *Street* *City* *Province/State* *Postal Code* *Country*

Home Telephone: (_____) _____ Home Fax Number: (_____) _____
(If different from applicant)

Primary Email Contact: _____ Cellular: (_____)

Business Name: _____	Position: _____			
Business Address: _____				
<i>Street</i>	<i>City</i>	<i>Province/State</i>	<i>Postal Code</i>	<i>Country</i>
Business Website (if applicable): _____				
Telephone: (_____) _____	Fax Number: (_____) _____			

Spouse: Mr. Mrs. Ms. Dr. _____

Secondary Email Contact: _____ Cellular: (_____)

Business Name: _____	Position: _____			
Business Address: _____				
<i>Street</i>	<i>City</i>	<i>Province/State</i>	<i>Postal Code</i>	<i>Country</i>
Business Website (if applicable): _____				
Telephone: (_____) _____	Fax Number: (_____) _____			

Are Secondary Contact(s) to receive: Correspondence/Report Cards Student Billing Both

Has student applied to Shawnigan Lake School before? Yes No If yes, which grade? _____ year? _____

Has anyone from your family attended Shawnigan Lake School? Yes No If yes, which year(s)? _____
(Approximately)

If yes, Name(s) _____ Relationship to applicant _____ Which year(s)? _____

Through which sources did you become interested in Shawnigan Lake School? (Please select all that apply and indicate names)

- School Teacher or Administrator Name: _____
- Current SLS Family Name: _____
- SLS / Strathcona School Alumni Name: _____
- Relative Name: _____
- Internet / Web Page Name: _____
- Summer Program at SLS Program: _____
- Magazine Article or Advertisement Name of Magazine: _____
- Newspaper Advertisement Name of Paper: _____
- Admission Presentation Where: _____
- Educational Consultant Name: _____
- Other Name: _____

Applicant's Educational History

Current School: _____ Independent Public Other

School Address: _____
City Province/State Postal/Zip Country

Telephone: (_____)

Dates of attendance: _____ Grades completed at this school: _____

Has the applicant ever been advanced a grade? Yes No If YES, which grade(s)? _____

Has the applicant ever repeated a grade? Yes No If YES, which grade(s)? _____

Names and addresses of other schools attended within the last three years:

School: _____ Phone: (_____) _____ Dates attended: _____

School: _____ Phone: (_____) _____ Dates attended: _____

Please indicate second language study and level of proficiency by checking the appropriate descriptor:

- | | | | | |
|-------------|-------------------------------|-----------------------------------|---------------------------------------|---------------------------------|
| French | <input type="checkbox"/> none | <input type="checkbox"/> beginner | <input type="checkbox"/> intermediate | <input type="checkbox"/> fluent |
| Spanish | <input type="checkbox"/> none | <input type="checkbox"/> beginner | <input type="checkbox"/> intermediate | <input type="checkbox"/> fluent |
| Other _____ | <input type="checkbox"/> none | <input type="checkbox"/> beginner | <input type="checkbox"/> intermediate | <input type="checkbox"/> fluent |

*In order for us to accurately determine our ability to provide the **required level of support to each individual student**, it is important that the following questions are answered with as much **sincerity and detail** as possible.*

Has the applicant ever received learning assistance and / or an I.E.P. (Individual Education Plan)? Yes No
(if yes, please attach most recent reports)

Has the student ever been designated "Special Needs" (i.e. gifted, LD, ADHD, etc.) Yes No

If yes, please describe: _____

Has the applicant ever had a psychological-education (Psych-Ed) assessment? Yes No

If yes, please provide the date of the assessment: _____ Copy of current report: _____

Name of Psychologist conducting assessment: _____

(copies of reports are REQUIRED with submission of application)

Additional Information

If the applicant has received or is receiving counseling due to a personal problem or event, please share information about that assistance so we can better understand and respond to your child's unique needs *(copies of reports would be helpful)*.

Does the applicant suffer from allergies? If so, how severe are these allergies and what (if any) medical treatment is required in the case of an allergic reaction? _____

Has the applicant been prescribed any medication to be taken on a regular basis? Yes No

If yes, please elaborate. _____

Has the applicant ever been the subject of serious disciplinary censure at school or in the community? Yes No

School suspension? Yes No Asked to withdraw by a school? Yes No

Please detail **any** disciplinary matters. _____

Remarks from the family (i.e. Is there anything you would like to add that has not been covered in the application?).

Are considering applying for financial aid? Yes No

Shawnigan offers financial aid, or bursaries, for up to 40% of the fees, to Canadian students who cannot afford the full tuition. Awards to both new and returning students are based on demonstrated need. While we attempt to assist as many families as possible, each year the need demonstrated by families exceeds our financial aid budget.

In addition to our Bursary Programme, Shawnigan awards numerous merit-based scholarships to new students. Applicants who currently have an "A" average and a strong involvement in extracurricular activities are encouraged to write the Scholarship Examinations on Scholarship Day, which is held each January.

Applicant Information *(To be completed by the Applicant)*

Within the past year, which book have you read that has particularly appealed to you? Please describe what you found so intriguing about this book.

Have you received any awards, honours, and achievements in the area of *Academics*? If so, please tell us about your successes.

What are your personal passions? What are your dislikes?

What personal qualities, talents, skills, or abilities will you contribute to the Shawnigan community?

Please list all extracurricular, athletic, and community activities in which you have been involved during the past **two years**. Note any leadership positions attained, level at which you participated, years played, positions or offices held, theatre roles, instruments played, debating, etc *Please list in order of importance to you.*

Activity	Years Involved	Level/Leadership Position
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

You have just listed the activity most important to you on the first line above. Explain why it is so important to you.

I/We consent to having **Shawnigan Lake School** collect personal information that may include student identification information, birth certificate, behavioural, academic and health information, most recent report card, emergency contact names and numbers, doctor's name and number, health insurance number, legal guardianship, court orders if applicable, parents' contact numbers and email addresses, and any similar information needed for registration. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by, or on behalf of, **Shawnigan Lake School** (1) for the purpose of establishing, maintaining, and terminating the student's or parents' relationship with **Shawnigan Lake School** (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **Shawnigan Lake School's** Personal Information Privacy Policy, a copy of which is available on request. I/We also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Shawnigan Lake School.

*This information is to assist the School authority in making an informed decision as to your child's suitability and appropriate placement in the School. It will also allow the School to respond immediately to any emergency. For more information, the privacy officer for **Shawnigan Lake School** may be reached at (250) 743-5516 or privacyofficer@sls.bc.ca*

Parent/Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

Again, please note that full disclosure of information is important for us to assist in your child's education.