

APPLICATION FOR ADMISSION

Please include the \$150 fee, a current family photo (any size), and most recent report (if applicable)

Date of application: _____



Child Info:

Boy First Name: _____ Middle Name: _____ Last Name: _____ Preferred Name (if different): _____
 Girl

Date of birth (MM/DD/YYYY): _____ Application for grade: _____ in _____ (academic year).

Family Information:

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian - Relationship: _____ Title: _____ Name: _____ Home Address: _____ City: _____ Prov/State: _____ Postal/Zip: _____ Country: _____ Telephone: _____ Cell: _____ E-mail: _____ Bus. phone: _____ Fax: _____ Occupation and/or position: _____ Employer/Business Name: _____	(enter only information that is different from that of other parent) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian - Relationship: _____ Title: _____ Name: _____ Home Address: _____ City: _____ Prov/State: _____ Postal/Zip: _____ Country: _____ Telephone: _____ Cell: _____ E-mail: _____ Bus. phone: _____ Fax: _____ Occupation and/or position: _____ Employer/Business Name: _____
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Parent(s): Married Common-Law Single Separated Divorced Mother deceased Father deceased

Schooling:

Present school (if applicable): _____ Address: _____

Contact name: _____ Phone number: _____ Present grade: _____

Are there any dietary, medical or physical needs (or allergies) of which we should be aware?

Siblings:

Name	Gender	Age	DOB (mm/dd/yy)	School (if applicable)	Current grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Referred by:

In which publications have you seen our ad: _____ How did you hear about the school? _____

City Post Yellow Pages Today's Parent Website
 Toronto Life Our Kids toronto.com Other...
 (please specify <-- below)

Other Publications: _____

THIS APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE APPLICATION FEE OF \$150.00 (cheque payable to Mabin School)

or VISA Card No.: _____ Expiry Date: _____ Cardholder Name: _____

Please Note: VISA will be processed under the name: **Torch Educational Foundation**

Applications for SK to Grade 6: Please attach a copy of the student's most recent report.

Please mail to: 50 Poplar Plains Road, Toronto, Ont. M4V 2M8 or Fax: (416) 964-3643 Tel: (416) 964-9594