

# STUDENT APPLICATION FORM

Fill this form in BLOCK CAPITALS.

## STUDENT

First Name	Surname	M.I.	Date of Birth			Age
			YYYY	MM	DD	
Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER			Pronoun _____		
Grade	<input type="checkbox"/> PK-3 <input type="checkbox"/> PK-2 <input type="checkbox"/> PK-1 <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6					
Name of School _____						
Home Address						
Street No	Street	Apt/Unit	City	Postal Code	Province	
Home Telephone		Mobile		Email		
Allergies/Medical Condition Notes						

## PARENT/GUARDIAN

First Name	Surname	M.I.	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
Address (IF different from above)						
Street No	Street	Apt/Unit	City	Postal Code	Province	
Home Telephone		Mobile		Email		

## PARENT/GUARDIAN

First Name	Surname	M.I.	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
Address (IF different from above)						
Street No	Street	Apt/Unit	City	Postal Code	Province	
Home Telephone		Mobile		Email		

**Emergency Contact**    Name: \_\_\_\_\_    Phone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE	DATE

Please notify us any changes on above information at the earliest possible.

× Think Smart will not share information in this form with third parties without your written consent except a court order or a legal process.

Staff Use

M1

M2

M3

K1

K2

K3

K4

K5

K6