



Youth can move the world

**APPLICATION FOR ADMISSION**

**Please PRINT Clearly**

**Admission Procedure**

**ALL PARTS** of the application **MUST BE COMPLETED** to process your application. Missing information may cause a delay in the processing of your application. All information received will be kept confidential. Please use a separate form for each applicant.

Admission into Nancy Campbell Collegiate Institute requires:

- 1) A complete Application for Admission Form and other related documents  
*(see checklist at bottom of page 3)*
- 2) \$150.00 CDN non-refundable Application Fee in the form of a personal cheque, money order or bank draft payable to **Nancy Campbell Collegiate Institute**
- 3) A copy of the applicant's most recent report cards from previous school  
(previous two years)\*
- 4) Applicant interview, Grades 7 - 12 only (personal or telephone)\*
- 5) Parent consultation, all grades (personal or telephone)\*

**Upon receipt of the Application for Admission you will be contacted by Nancy Campbell Collegiate Institute to schedule an interview.\***

**\*Not applicable to Short-term Immersion.**

**For Office Use Only:**     Domestic     United States     International

- |  |  |
|--|--|
| <input type="checkbox"/> Date Application received: _____        | <input type="checkbox"/> Interviewed by: _____                         |
| <input type="checkbox"/> Complete Application for Admission Form | <input type="checkbox"/> Date letter of invit. issued: _____           |
| <input type="checkbox"/> Application Fee received                | <input type="checkbox"/> Copy of Legal Guardianship/Custodianship      |
| <input type="checkbox"/> Copy of applicant's school records      | <input type="checkbox"/> Copy of appl. and letters entered in database |
| <input type="checkbox"/> Current photo                           | <input type="checkbox"/> Copy of appl. and letters sent to Dorm        |
| <input type="checkbox"/> Copy of birth certificate               | <input type="checkbox"/> Letter of accep. issued: _____                |
| <input type="checkbox"/> Visa / Passport                         | <input type="checkbox"/> File created: _____                           |
| <input type="checkbox"/> Signature                               | <input type="checkbox"/> Reviewed by Principal                         |
| <input type="checkbox"/> Immunization records                    | <input type="checkbox"/> Request OSR / Created OSR: _____              |

**Cora McNamara, Principal    John Pammer, Director of Communications**

451 Ridout Street North, London, Ontario, Canada N6A 2P6  
Phone: (519) 641-6224    Toll Free: 1-888-641-6224    Fax: (519) 641-6233  
Email: info@nancycampbell.net    Website: www.nancycampbell.net

**STUDENT INFORMATION**

**Please PRINT Clearly**

This student is applying to enter \_\_\_\_\_ for the school year beginning in \_\_\_\_\_  
*(Grade/Program) (Month/Year)*

as a  Day Student  Residential Student  Homestay Student  
 Full Year  1st Semester Only  2nd Semester Only  Short-term Immersion

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
*(Circle name commonly used)*

Date of Birth: \_\_\_\_\_  Male  Female Place of Birth: \_\_\_\_\_  
*Month/Day/Year*

First Language Spoken: \_\_\_\_\_ Status in Canada: \_\_\_\_\_  
*(Cdn. Citizen, Landed Immigrant, Visa Student)*

If the applicant is not a Canadian citizen, please indicate which passport(s) s/he carries: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Province/State \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
*(please include area code and/or country code for both numbers)*

Student Email: \_\_\_\_\_

**Please enclose a copy of the applicant's birth certificate/passport and a recent photograph.**

<p><b><u>PREVIOUS SCHOOL INFORMATION*</u></b></p> <p>Name of school most recently attended: _____</p> <p>Address: _____ City: _____</p> <p>Province/State: _____ Country: _____ Postal/Zip Code: _____</p> <p>Phone: _____ Name of Principal: _____ <i>(please include area code and/or country code)</i></p> <p>Fax: _____ Email: _____</p> <p>Period of Attendance: From: _____ To: _____ <i>Year Year</i></p> <p>If applicable, please indicate first date of entry into secondary school (grade 9) _____ <i>(Month/Year)</i></p> <p><b><i>Please enclose a copy of the applicant's most recent school report cards from the previous two years with this application. Foreign language school reports or transcripts must be accompanied by a legally certified translation.</i></b></p>
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Does the applicant have any learning disabilities?  Yes  No

If yes, please provide details and attach any other necessary information.

\_\_\_\_\_  
\_\_\_\_\_

\* Not applicable to Short-term Immersion.

**PARENT AND GUARDIAN INFORMATION**

**Please PRINT Clearly**

**PLEASE NOTE:** In instances where the applicant's **LEGAL GUARDIAN** differs from the parents, please enter the information regarding the **LEGAL GUARDIAN** below, including relationship to the applicant. In cases where the applicant's **GUARDIAN WITHIN CANADA** differs from the parents, please fill in the information below regarding the **GUARDIAN WITHIN CANADA** and submit parents' information on a separate page. (Attach copy of notarized legal guardian/custodianship documents to application.)

If the school is to act as a custodian of a student under 18 years of age, a \$300.00 CDN fee must be submitted with your application.\*

**FATHER /GUARDIAN**

**MOTHER /GUARDIAN**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*Month/Day/Year*

Date of Birth: \_\_\_\_\_  
*Month/Day/Year*

Relationship to Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

If parents are separated or divorced, please provide details of custody (family court order is preferred). Please indicate where report cards and all other correspondence should be sent and if it is to be copied to the other parent. Please also indicate where billing is to be directed.

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

- Please remember to enclose the following:**  
*(All documents must be officially translated into English)*
1. A complete Application for Admission Form
  2. Application Fee of \$150.00 CDN
  3. A copy of the applicant's birth certificate/Passport ID page
  4. A recent photograph\*
  5. A copy of the applicant's most recent report cards (previous two years)\*
  6. A copy of updated immunization records\*

<p><b>Mail all correspondence to:</b>          451 Ridout Street North          London, Ontario,          Canada N6A 2P6</p>
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**PLEASE READ AND SIGN THE TERMS OF APPLICATION AND ENROLMENT ON THE FOLLOWING PAGE BEFORE SUBMITTING THIS APPLICATION.**

\* Not applicable to Short-term Immersion.



**MEDICAL INFORMATION**

**Please PRINT Clearly**

At Nancy Campbell Collegiate Institute, our goal is to provide the best care for your child(ren) during the school year. In order to assist us in this we ask that you complete **ALL PARTS** of this form.

<b><u>PERSONAL INFORMATION</u></b>	
Surname: _____	Given Names: _____ <i>(Circle name commonly used)</i>
Date of Birth: _____ <i>Month/Day/Year</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female

**MEDICAL INSURANCE INFORMATION**

Ontario Health Card Number *(if applicable)*: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Other Health Plan: \_\_\_\_\_

Name on Health Card or Plan: \_\_\_\_\_

Emergency Contact if Parent or Guardian is unavailable: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name of Student's Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGY INFORMATION (A) AND DIETARY INFORMATION (B)**

Please check if:  No Allergies  No special dietary needs

**(A)** Please list any allergies to the following categories below. Indicate the **reactions** to the allergy and possible **treatments**. Please indicate if your child carries an epi-pen.  Yes  No

Medications, Foods, Insects (wasps/bees), Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(B)** Other relevant dietary information (eg. food sensitivities): \_\_\_\_\_

\_\_\_\_\_

Please check if:  Vegetarian  Vegan

**The Middlesex-London District Health Unit** requires every student in the Province of Ontario to be immunized. Failure to provide the Health Unit with immunization records or to have your child(ren) immunized, could result in suspension until all immunizations are updated.\*

Please submit a copy of updated immunization records. Must be in English.\*

**All international students will be required to submit proof of a recent tuberculosis test.\***

\* Not applicable to Short-term Immersion.

**Please PRINT Clearly**

Medication(s) currently being taken (please also note how it is to be administered):

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Is there anything else that you feel we should know about your son/daughter – medical or non-medical?  
If so, please explain:

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**MEDICAL RELEASE: AUTHORIZATION OF CONSENT TO THE TREATMENT OF A MINOR**

I/We, as the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize Nancy Campbell Collegiate Institute or its designated representative, as agents for the undersigned, to consent to any and all necessary, immediate medical or surgical treatment deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act of Ontario. In this event, I/we agree to pay all costs incurred which may not be covered by The Ontario Health Plan or by my/our other medical insurance policy.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**NANCY CAMPBELL**  
**COLLEGIATE INSTITUTE**