

NANCY CAMPBELL
COLLEGIATE INSTITUTE

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: 1-8 88-6 41-6224 Fax: (519) 641-6233
[Email: info@nancycampbell.net](mailto: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.

PREVIOUS SCHOOL INFORMATION*

Name of school most recently attended: _____

Address: _____ City: _____

Province/State: _____ Country: _____ Postal/Zip Code: _____

Phone: _____ Name of Principal: _____
(please include area code and/or country code)

Fax: _____ Email: _____

Period of Attendance: From: _____ To: _____
Year Year

If applicable, please indicate first date of entry into secondary school (grade 9) _____
(Month/Year)

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.

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*

Mail all correspondence to:

451 Ridout Street North
London, Ontario,
Canada N6A 2P6

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.

PERSONAL INFORMATION

Surname: _____ Given Names: _____
(Circle name commonly used)

Date of Birth: _____ Male Female
Month/Day/Year

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.*

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

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

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

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