

APPLICATION FORM



PART A

STUDENT INFORMATION

Sur Name / First / Middle / Nickname

Street Address / City / Province / Postal Code

Phone / Fax / Email (include area code)

Birth date / SIN # / Sex: M or F / Height / Weight

Canadian Citizen? Yes No

Country of Citizenship (if not a Canadian citizen)

PARENT OR GUARDIAN INFORMATION

For additional parents/guardians, please include names, addresses and information on a separate sheet of paper.

Applicant normally lives with:

Father Mother Stepfather Stepmother Legal Guardian Other

If parent(s), what is current marital status?

Single Married Common Law Divorced Separated

Parent or Guardian #1 / Relationship

Street Address / City / Province / Postal Code

Phone / Fax / Email (include area code)

Occupation / Title / Name of Employer

Employer Address / City / Province / Postal Code

Employer Phone / Fax / Email / Web Address (include area code)

Parent or Guardian #2 / Relationship

Street Address / City / Province / Postal Code

Phone / Fax / Email (include area code)

Occupation / Title / Name of Employer

Employer Address / City / Province / Postal Code

Employer Phone / Fax / Email / Web Address (include area code)

STUDENT'S PREVIOUS EDUCATION

Present grade in school

School you now attend / Principal's Name

Phone / Fax / Email (include area code)

Name of previous school attended if less than 2 years / City / Province

REFERENCES GIVEN TO WHOM?

I have asked the following 2 people to complete the recommendation forms.

Teacher / Instructor / Counselor #1

Phone / Fax / Email (include area code)

Street Address / City / Province / Postal Code

Teacher/Instructor / Counselor #2

Phone / Fax / Email (include area code)

Street Address / City / Province / Postal Code

I have asked the following person to complete the Scholastic Record and Recommendation Form:

Name / Email

Office Phone / Fax (include area code)

STUDENT HEALTH

General State of Health: Excellent Good Average Poor

Are there any allergies, or health matters KVA should be aware of?

Physician's Signature

Date

Physician Name (Printed)

Phone (include area code)

ESSAY QUESTIONS

Please use a separate sheet for your answer.

1. Describe your educational/artistic career goals.
2. What expectations do you have of the school in your journey of life, and what responsibilities or roles do you see for the student?
3. You have been given the opportunity to spend one day with the person of your choice. This person may be from any place or period of time, famous or not. Describe who you would invite, why they were chosen, and how you would spend the day. Your answer should be no less than 150 words in length.

Please send admissions materials to:

Admissions
King's View Academy
6199 Chebucto Road
Halifax, Nova Scotia, Canada, B3L 1K7

Tel 902-429-5434

Fax 902-429-5433

Email: admin@KingsViewAcademy.com

www.KingsViewAcademy.com