

APPLICATION FOR ADMISSION Elementary Level – English Sector School



IDENTIFICATION OF STUDENT AND PARENTS/LEGAL GUARDIANS

	Last name:		First name:							
STUDENT	Other(s): (As written on the birth certificate)									
	Date of birth:		Permanent code: (As indicated on report card)							
	Place of birth: (City, country, province if in Canada)									
	Mother tongue:		Language most spoken at home:							
	Religion:									
	Last name:		First name:							
PARENT 1 Select one	Postal address:									
\circ		No, Street		Appt. No.						
Female Male		City		Postal Code						
O Non-binary	Email:		Cell.:							
	Tel. home:		Tel. work:							
	Last name:		First name:							
PARENT 2	O Check box if address is the same as that of Parent 1.									
Select one	Postal address:									
O Female		No, Street	Appt. No.							
O Male		City		Postal Code						
O Non-binary	Email:		Cell.:							
	Tel. home:		Tel. work:							
	Parent 1 O Pa	arent 2 O Both Parents O Leg	al guardian, specify coordinates below	O						
	Guardian last name	e:	Guardian first name:							
Correspondence to be sent to:	Postal address:									
be sent to.										
	Email:		Tel. home: Cell.:							
b b b Do you have a child		Name of child attending Vanguard School:								
	O Yes	Level: O Elementary O High School (Secondary)								
presently attending Vanguard School?	O No	N.B. The information provided will be part of the student record and will remain co Admissions / Vanguard School, 5935, ch. de la Côte-de-Liesse, Saint-Laurent, QC								
				Tel.: 514.747.5500 ext. 6317						
Form completed on: _	Date	_	By: O Parent 1	Parent 2 O Legal guardian						

FAMILY	HISTORY											
1. The ch	ild is living with: Both Parents O Pare	ent 1 O Par	ent 2 Shared custo	dy Other	O							
2. Please	Please specify the frequency of the shared custody.											
3. If actua	. If actual parents are not the natural parents, please explain.											
4. If the p	arents are separated who is considered to	be the legal gua	rdian?									
5 11				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	nyone in your family had a history of difficult explain and give the relationship to the chi		ead or write or of general so	chool difficulties?								
Z,	NAME	AGE	RELATION (brother, half-brother, etc)	GRADE I								
DRE-			mair-brother, etc)	3011001								
OTHER CHILDREN IN THE FAMILY												
H I												
MEDICA	L HISTORY											
	Were there complications during the	nregnanov?		Yes O N								
չ	If yes, please explain.	pregnancy:		Yes O N	<u>. </u>							
Ž Ž	п уез, рісазе схріані.											
PREGNANCY												
_												
	4 Man the high full to gran											
ООО	 Was the birth full term? If not, please indicate the number of v 	wooks of progner	201	Yes O N	<u>。 </u>							
DHG.	2. If not, please indicate the number of v3. What was the baby's weight?	weeks of pregnar	icy.									
분	Were there complications at birth?			у О "								
QN	If yes, please explain.			Yes O N	<u> </u>							
BIRTH AND CHILDHOOD	ii yoo, pioado oxpiaiii.											
BR												

BIRTH AND CHILDHOOD	5.	Describe any significant traumatic events, either EMOTIONAL or PHYSICAL, that might have affected the child from his early age to the present. Please specify his/her age.
	1.	Have there been or are there any serious illnesses or chronic condition? Please specify the age.
	2.	Are there any health precautions that must be taken?
Ŧ	3.	Is there any medication being given at this time? Yes No For how long?
HEALT		Name of medication: Dosage: Reason for taking it: Doctor's name:
	4.	Has he/she taken medication on a regular basis? Yes O Date: No
		Discontinuation of medication Date:
		Name of medication: Dosage: Reason for taking it: Doctor's name:

	Has your child been E (Please indicate the m	
		Where?
	NEUROLOGY	When?
	Yes \mathbf{O} No \mathbf{O}	By whom?
		Diagnosis:
		Where?
	SPEECH	When?
	Yes O No O	By whom?
		Diagnosis:
		Where?
	HEARING	When?
	Yes O No O	By whom?
		Diagnosis:
Ŧ	PSYCHOLOGY Yes O Non O	Where?
НЕАСТН		When?
_		By whom?
		Diagnosis:
	PSYCHIATRY Yes O No O	Where?
		When?
		By whom?
		Diagnosis:
	CDECIAL	Where?
	SPECIAL EDUCATION	When?
	Yes O No O	By whom?
		Diagnosis:
		Where?
	SIGHT Yes O No O	When?
	Yes O No	By whom?
		Diagnosis:

	6. Is	your child presently being treated b	y a specialist? If so, please complete the following table.
		Kind of specialist	
		Name of specialist	
		Date (the most recent one)	
	1	Address	
	'	Phone number	
		Reason of treatment	
		Frequency	
		Kind of specialist	
		Name of specialist	
		Date (the most recent one)	
	2	Address	
		Phone number	
돈		Reason of treatment	
НЕАСТН		Frequency	
		Kind of specialist	
		Name of specialist	
		Date (the most recent one)	
	3	Address	
		Phone number	
		Reason of treatment	
		Frequency	
		Kind of specialist	
		Name of specialist	
		Date (the most recent one)	
	4	Address	
		Phone number	
		Reason of treatment	
		Frequency	

PERSONAL DEVELOPMENT								
1. Do you perceive your child as:								
	Yes	No	COMMENTS					
Motivated to learn	0	O						
Curious	0	O						
Responsible	0	O						
Perfectionist	0	O						
Overly sensitive when something goes wrong	0	O						
Having difficulty expressing his message	0	O						
Having difficulty understanding what is said to him	O	O						
Having difficulty with fine motor activities (cutting, writing)	O	O						
Having difficulty with gross motor activities (swimming, jumping)	O	O						
Lethargic	O	O						
Inattentive: easily distracted by noise	O	O						
Inattentive: daydreams	O	O						
Overly sensitive to noise	0	O						
Hyperactive	O	O						
Impulsive	0	O						
Oppositional/defiant	0	O						
Having temper tantrums	0	O						
Aggressive	0	O						
Withdrawn	0	O						
Anxious or nervous	0	O						
Depressed	0	C						
Sensitive to changes in routine	0	C						
Sensitive to the feelings of others	0	O						
Being sociable and having friends	C	O						

2.	What are the personality strengths of your child?
3.	What are some of your child's positive qualities, interests, preferred books and hobbies?
4.	How does your child feel about himself?
S	CHOOL HISTORY
1.	Describe your child regarding his/her schoolwork.
2.	Describe your child regarding his/her school behaviour.
3.	With which problem are you most concerned regarding his/her academic level?
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4. With which problem are you most concerned regarding his/her personal level?					
5. What do you think is causing these problems?					
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C. How does he to be do high an ach achieve the area C. (Martin L. L.). " " " " " " " " " " " " " " " " " "					
6. How does he/she do his/her schoolwork at home? (Works by him/herself, needs your presence or help).					
7. How does your child feel about school?					
This questionnaire was completed by:					
Simple to the state of the stat					
Signature: Date:					
P.S. Do not forget to complete the attached form.					
AUTHORIZATION OF THE RESPONSIBLE PARENT					
I hereby authorize the person responsible for admissions at Vanguard School to communicate with the					
educators and professionals at the school my child currently attends in order to obtain supplemental information in relation to my child and his or her academic profile. This authorization will be valid throughout					
the period preceding my child's admission.					
Signature: Date:					
Polationship to child:					
Relationship to child:					

ACADEMIC HISTORY

(Please fill out by beginning with the last school year of your child)

			Language of instruction		Class Type		Additional service					
Year	School name	Grade	English (%)	French (%)	Regular	Special Class	Remedial Teacher	Social Worker	Speech Therapist	Psychologist	Other	Comments Academic Progress / Behaviour
20 20												
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