



# Application for Admission 2010-11

## Student Information

Surname: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Given Name(s): \_\_\_\_\_  
Sex:  Male  Female  
Date of Birth: \_\_\_\_\_  
day / month / year  
Requesting Entry Date: \_\_\_\_\_  
Requesting Entry Grade: \_\_\_\_\_

## Family Information

### Parent / Guardian 1

Relationship to student: \_\_\_\_\_  
Mr. Mrs. Ms. Dr. \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(If different from student) \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation / Title: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Parent / Guardian 2

Relationship to student: \_\_\_\_\_  
Mr. Mrs. Ms. Dr. \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(If different from student) \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation / Title: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Parent / Guardian 3

Relationship to student: \_\_\_\_\_  
Mr. Mrs. Ms. Dr. \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(If different from student) \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation / Title: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Applicant lives with:  both parents  father  mother  
 step father  step mother  guardian  
Check if applicable:  father deceased  mother deceased  
 parents divorced  parents separated  
 mother has custody  father has custody  
 joint custody

Are there any special custodial arrangements?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Information

Doctor's Name: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_  
OHIP #: \_\_\_\_\_  
Any Medical Problems: \_\_\_\_\_  
Food Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Emergency Contact Person (other than a parent): \_\_\_\_\_

Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

*Please see reverse side...*



# Personal Information:

Previous Schools Attended: (Please include school name, address and grades attended):

| Grade(s) | School | City |
|----------|--------|------|
|          |        |      |
|          |        |      |
|          |        |      |

Student's Interests & Extra Curricular Activities:

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Student's Strengths:

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Difficulties (if any) experienced this year:

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Resource assistance or enrichment received. Please specify when & what covered.

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Previous assessments, if any. Please enclose a copy, and specify when and by whom.

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What are your main reasons for choosing our school?

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How did you hear about Counterpoint Academy™? Whom may we thank for referring you?

Yellow Pages  Super Pages  Newspaper Ad  Friends at Counterpoint Academy™  Other: \_\_\_\_\_

## Privacy

By providing personal information to Counterpoint Academy™, you agree and consent to the collection, use and/or disclosure of such information by Counterpoint Academy™ and its' agents or associated legal entities for the purposes of enrolling your child(ren) in the school and for the purposes outlined in Counterpoint Academy's™ comprehensive Privacy Policy. For more information about our privacy policy and practices, please see the Privacy Policy on our website at [www.counterpointacademy.com](http://www.counterpointacademy.com) or it may be obtained by writing to us at the address below:

Counterpoint Academy™ Inc.  
P.O. Box 8131 Stn T  
Ottawa On K1G 3H6  
Attention: Chief Privacy Officer

Parent/Guardian initial:

## Standard Release Form

In consideration of my/our child/ren being accepted for admission and being permitted to participate in activities and outings organized by Counterpoint Academy Inc. (the "School") with the assistance of volunteer parents, I/we and my/our heirs, executors, administrators, successors and assigns do on behalf of my/ourself and on behalf of my/our child/ren hereby release and forever discharge, save harmless, protect and keep indemnified the School, principal, teachers, directors and staff of the School, from any and all kinds of action, claims, costs, expenses and demands in respect to death, injury, loss or damage to my person or property or that of my/our Child/ren (and/or ourselves as Parents) howsoever caused and in any way related to my/our child/ren's attendance at the School or participation in any activities or outings. I/we hereby acknowledge having read and agreed to the above release and indemnification.

Parent/Guardian initial:

I/we understand and agree that the undersigned and my/our child/ren must comply with any and all rules, regulations and policies of Counterpoint Academy in force from time to time.

I/we understand and agree that Counterpoint Academy reserves the right to accept or reject applicants, or to withdraw services from students at its sole discretion for reasons which, in the opinion of Counterpoint Academy, are in the best interests and welfare of the school and its students.

Photo Release - I hereby authorize Counterpoint Academy Inc. to use my child's likeness in promotional and advertising materials. I understand that there will be no compensation received for this usage. I have the right to withdraw my consent at any time, providing I do so in writing.

I acknowledge having read and agreed to the above release and indemnification, on behalf of the undersigned as Parent(s) and my/our Child/ren participating in the activities and outings.

Dated: \_\_\_\_\_

Signature of Parent(s): \_\_\_\_\_

