



For School Use Only

Date rec'd _____

Interview _____

ST. BONAVENTURE'S COLLEGE

NEW STUDENTS GRADES 1-12 APPLICATION FORM

Enclose a copy of the student's final June Report for the last year completed and the most recent report for the current academic year.

Section A: General Information

Name of Applicant in Full: _____
Surname First Name Middle Name/Initial

Date of Birth: _____ Present Age: _____ For what grade: _____ For what year: _____
Month/Day/Year

MCP Number _____

School(s) previously attended and time spent in each

	Parent/Guardian		Parent/Guardian	
Surname				
First Name				
Street Address				
City				
Province				
Postal Code				
Phone	Home	Work	Home	Work
Cell				
E-mail				
Student lives with (please check)				

Does your child require any special services? Yes No

If yes, please explain _____

Does your child have any health issues? Yes No

If yes, please explain _____

Section A (continued)

Siblings:

(Please check one)

Name	Grade	Attending	Applying

How did you learn about St. Bonaventure's College:

All applicants are required to complete an Authorization for Release of Student Information form, granting permission for the Guidance Counsellor or Administration of St. Bonaventure's College to speak with Guidance or Administration of your child's current/former school regarding student records, including any confidential guidance file.

Please complete this form and return along with the application and student school records

Are you registering for the St. Bon's Hockey Program? Yes No

If yes, please choose one of the following two options:

32-Week Intensive Hockey Program

U9

U11

U13

U15

Or

32-Week Skating Skills Program

DATE: _____

Signature: _____

Month/Day/Year

Parent/Guardian

**All information submitted on this form is for school use only
and will not be distributed to any third party.**



**ST. BONAVENTURE'S
COLLEGE**

**Authorization for Release of Student Information
to St. Bonaventure's College**

Name of Student: _____

Date of Birth: _____ Current Grade: _____

Current School: _____

Permission has been granted for the Guidance Counsellor or Administration of St. Bonaventure's College to speak with the Guidance Counsellor or Administration of my child's current/former school regarding student records, including any confidential guidance file.

I, being the parent/guardian of the above-mentioned student, hereby consent to the release of all pertinent school records/information held by:

Please provide name of current/former school, address and phone number.

Such information is to be released to authorized professional personnel employed by St. Bonaventure's College.

The consent and authorization will be in effect as of the date signed by the parent.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____