



THE GILES SCHOOL
L'ÉCOLE GILES

80 Scarsdale Road . Toronto . Ontario . M3B 2R7 . t 416.446.0825 f 416.446.0846 info@gilesschool.ca www.gilesschool.ca

Application Form 2010-2011

Student Information (Please use a separate form for each student)

First Name _____ Middle Name _____ Last Name _____

Common Name _____ Birth Date _____ Age _____
(name that student goes by) (day/month/year) (as of September 3, 2010)

Date _____

* Application must be accompanied by a \$500 administrative fee
** All final academic placement decisions are made by The Giles School administration

Indicate your child's current grade or expected grade (as of September 3, 2010)

Pre-Kindergarten (age 2 ³ / ₄ to 3 ³ / ₄)	<input type="checkbox"/> Half day enrollment	<input type="checkbox"/> Full day enrollment	<input type="checkbox"/> January Start (Pre-K only)
Junior Kindergarten (age 3 ³ / ₄ to 4 ³ / ₄)	<input type="checkbox"/>	Grade 3 (age 7 ³ / ₄ to 8 ³ / ₄)	<input type="checkbox"/>
Senior Kindergarten (age 4 ³ / ₄ to 5 ³ / ₄)	<input type="checkbox"/>	Grade 4	<input type="checkbox"/>
Grade 1 (age 5 ³ / ₄ to 6 ³ / ₄)	<input type="checkbox"/>	Grade 5	<input type="checkbox"/>
Grade 2 (age 6 ³ / ₄ to 7 ³ / ₄)	<input type="checkbox"/>	Grade 6	<input type="checkbox"/>

Previous School _____ Address of School _____
(or care facility)

City _____ Province/State _____ Postal Code _____ Country _____

Family Information

Home Address _____

City _____ Province/State _____ Postal Code _____ Telephone _____

Mother's Email _____ Father's Email _____

Father's Name _____ Father's Occupation _____

Work Telephone _____ Cell Phone _____

Work Address _____

City _____ Province/State _____ Postal Code _____

Mother's Name _____ Mother's Occupation _____

Work Telephone _____ Cell Phone _____

Work Address _____

City _____ Province/State _____ Postal Code _____

Student has:
(check applicable)

Canadian Citizenship	<input type="checkbox"/>
Student Visa	<input type="checkbox"/>
Landed Immigrant Status	<input type="checkbox"/>