



PYTHAGORAS ACADEMY

8671 Odlin Crescent

Richmond, BC, V6X 1G1

Tel: 604-370-0199

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E-mail: info@pythagorasacademy.ca

Applicant's Photo

Application Date: (m) (d) (y)

STUDENT INFORMATION

Legal Last Name:	Grade applying: <input type="checkbox"/>
Legal Middle Name:	Intake applying: (m) (y)
Legal First Name:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Preferred Name:	Date of Birth: (m) (d) (y)
Current School:	Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other
Number of years attending:	First Language:
Status in Canada: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/> Study Permit <input type="checkbox"/> Other (please specify)	
Name and grade of sibling also applying:	

PARENT/ LEGAL GUARDIAN INFORMATION

Student Resides with: Both Parents Parent 1 only Parent 2 only Guardians only

Custody Agreement Applicable: No Yes (please submit official document)

Legal Last Name of Parent 1:	Legal Last Name of Parent 2:
Legal Middle Name of Parent 1:	Legal Middle Name of Parent 2:
Legal First Name of Parent 1:	Legal First Name of Parent 2:
Preferred Name of Parent 1:	Preferred Name of Parent 2:
Status in Canada: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/> Study Permit <input type="checkbox"/> Working Permit <input type="checkbox"/> Other	Status in Canada: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/> Study Permit <input type="checkbox"/> Working Permit <input type="checkbox"/> Other
Email:	Email:
Home Address (Unit number & street name):	Home Address (Unit number & street name):
Home Address (City):	Home Address (City):
Home Address (Province):	Home Address (Province):
Home Address (Postal Code):	Home Address (Postal Code):
Home Address (Country):	Home Address (Country):
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Employer:	Employer:
Work Phone:	Work Phone:
Business Address (Unit number & street name):	Business Address (Unit number & street name):
Business Address (City):	Business Address (City):
Business Address (Province):	Business Address (Province):
Business Address (Postal Code):	Business Address (Postal Code):
Business Address (Country):	Business Address (Country):

EMERGENCY CONTACT

Care Card #/ Medical Insurance #: Copy submitted. Expired on _____

Name of Contact:	Relationship to Student:
Home Phone:	Cell Phone:

OUT-OF-PROVINCE CONTACT

Name of Contact:	Relationship to Student:
Contact Number:	Province/ Country:

Parent/ Legal Guardian Questionnaire

* This form should be completed only by the applicant's **Parent/Legal Guardian**.

What are the strengths, weaknesses and unique attributes of your child that you want to share with the teachers?

STRENGTHS:

WEAKNESSES:

Has the applicant had any educational or psychological testing or evaluation done?

- NO
- YES. If yes, please explain.

Are there any medical, physical, emotional or educational issues that might affect the applicant's academic performance?

- NO
- YES. If yes, please explain.

Why is the applicant leaving his/her current school?

Does the applicant have any food allergy?

- NO
- YES. If yes, what causes the reaction? What medication is required?
- EPI-PEN Required

ADMISSIONS AGREEMENT

I, the applicant's Parent(s) or Guardian(s) fully understand and agree to the following:

Submitting this application does not guarantee acceptance to Pythagoras Academy. Admission is competitive and relies upon several factors including the number of available spots at the school, student's academic transcripts, recommendations, and admissions test and interview results.

Application fee is **\$250.00** (payable by cheque, money order, or bank draft), and this fee is *non-refundable*.

Applications that are incomplete or missing required documentation will not be processed.

Signature of Parent/Legal Guardian: _____ Date: _____