



PYTHAGORAS ACADEMY

**8671 Odlin Crescent
Richmond, BC, V6X 1G1**

Tel: 604-370-0199

Fax: 604-370-1399

E-mail: info@pythagorasacademy.ca

Applicant's Photo

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



INTERNATIONAL STUDENT INFORMATION	
Legal Last Name:	Grade applying: ____
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: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 only <input type="checkbox"/> Parent 2 only <input type="checkbox"/> Guardians only	
Custody Agreement Applicable: <input type="checkbox"/> No <input type="checkbox"/> 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 #:	<input type="checkbox"/> 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:

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Parent/ Legal Guardian Questionnaire

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

Why is the applicant leaving his/ her current school?
Has the applicant had any educational or psychological testing or evaluation done?
What are the strengths, weaknesses and unique attributes of your child that you want to share with the teachers?
Are there any medical, physical, emotional or educational issues that might affect the applicant's academic performance?
Does the applicant have any food allergy? If yes, what causes the reaction? What medication is 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 **\$500.00** (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: _____