



# APPLICATION FOR ADMISSION

**MATTHEWS HALL**  
1370 Oxford Street West  
London, Ontario N6H 1W2  
(519) 471-1506  
Fax: (519) 471-8647  
www.matthewshall.ca

Matthews Hall, in its sole discretion, reserves the right to refuse admission to any student. All offers of admission are conditional upon Matthews Hall's ability to reasonably accommodate the learning needs of the applicant.

PLEASE PRINT CLEARLY. COMPLETE ONE FORM PER CHILD. PLEASE ATTACH PHOTOCOPIES OF SCHOOL REPORTS COVERING THE CURRENT ACADEMIC YEAR AND THE FINAL REPORT FROM THE PREVIOUS YEAR, AS WELL AS A PHOTOCOPY OF THE APPLICANT'S BIRTH CERTIFICATE.  
**A \$200, NON-REFUNDABLE, APPLICATION FEE IS REQUIRED TO PROCESS ALL APPLICATIONS.**

Name of **APPLICANT**: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ First Language: \_\_\_\_\_

Name and Address of Current School: \_\_\_\_\_

Does the candidate have any medical, physical, developmental or emotional conditions?  yes  no

If yes, please give particulars: \_\_\_\_\_

Does the candidate have any life threatening allergies?  yes  no

If yes, please explain: \_\_\_\_\_

Has the candidate ever been referred to or tested by agencies outside the school?  yes  no

If yes, please give particulars, and attach additional information reports and documentation: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

Title:  Dr.  Mr.

Title:  Dr.  Mrs.  Ms.  Miss.

Home Address (if different from above)

Home Address (if different from above)

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Education: \_\_\_\_\_

Education: \_\_\_\_\_

### CUSTODIAL INFORMATION

Are parents separated or divorced?  yes  no If separated or divorced, is custody shared?  yes  no

If custody is shared, indicate main parent contact  father  mother If custody is not shared, indicate custodial parent  father  mother

### OTHER CHILDREN IN FAMILY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### IN CASE OF EMERGENCY

Child's Health Card #: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

### PARENTAL / GUARDIAN CONSENT

Occasionally Matthews Hall may photograph, videotape or record students participating in school activities. These recordings could be used in school publications, the school website, or in magazines or other print/broadcast media which may be distributed by the school to the public. The child's name or other identifying information would not be published.

I give permission for my child to participate.  I do not give permission for my child to participate.

For Matthews Hall to best meet the needs of students it is necessary for the school to be fully aware of any identified learning disabilities or learning differences, use of an individual education plans, or past incidences of behaviour concerns. Failure to fully disclose any of the above could be grounds for Matthews Hall to terminate the Enrolment Agreement.

I give permission for Matthews Hall to contact my child's last or current school.

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### PRIVACY STATEMENT

Matthews Hall is committed to protecting the privacy of our applicants, students, and families. Personal information is not sold, leased or traded with other organizations and will not be disclosed except in accordance with identified purposes below or unless permitted or required by law. Personal information collected on this application is used, with assessment and report card information, to make decisions about admission to Matthews Hall. Information from this form is entered into our database of inquiring families to maintain contact with the family during the application process. If the child is not admitted to Matthews Hall, information will be deleted at the family's request. Emergency information is gathered in the event of a health concern requiring emergency treatment during the child's school visit. Matthews Hall has a privacy officer who will answer questions pertinent to the collection of personal information and the information of my child for the purposes stated above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_