



Dearcroft Montessori School

1167 Lakeshore Road East
Oakville, Ontario L6J 1L3
Tel: 905-844-2114 Fax: 905-844-3529



Email: dearcroft@primus.ca Web: www.dearcroft.com

WEST WIND JUNIOR HIGH APPLICATION

STUDENT INFORMATION

Student: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Tel. No. _____

Birth Date: (day) _____ (month) _____ (year) _____ Male _____ Female _____

PROGRAM (for Administration use only) ___ Grade 7 ___ Grade 8

PARENT/GUARDIAN INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

Home Tel: _____ Home Tel: _____

Bus/Cell: _____ Bus/Cell: _____

Email: _____ Email: _____

Emergency Name and Telephone (to call if parents cannot be reached, when child is ill and must be taken home): _____

Siblings (names and birth dates): _____

Transfers (Please provide the name of the Montessori School your child has attended, and the length of attendance): _____

Application for admission into the Junior High School program implies your two-year commitment to the duration of the program and your agreement to the terms stated in the schedule of fees.

Parent Signature

Parent Signature

Date: _____

Date: _____

* In accordance with PIPEDA, your personal information will be used solely for communication purposes regarding Dearcroft Montessori School.