



Delta West Academy

414 11 A Street NE • Calgary AB Canada T2E 4P3 • 403.290.0767 Fax 403.290.0768 • info@deltawestacademy.ca

Dynamic. Worldly. Accomplished.

APPLICATION FOR ADMISSION

Please print clearly and answer as fully as possible.

Applicant's Personal Information

Student's Legal Name: _____
(As on birth certificate) Last Given Middle

Home Address: _____ Postal Code: _____

Home Phone: _____ Home e-mail: _____

Date of Birth (YYYY/MM/DD): _____ Sex: M F Place of Birth: _____

Alberta Health Care Number: _____

Citizenship Status: _____
(If not a Canadian Citizen, please provide a copy of Canadian residency documentation: ie. work permit, permanent resident card.)

Languages regularly spoken in the home other than English: _____

The following information should reflect the immediate family environment that the student resides in.

Birth Father/Legal Step-father/Legal Guardian/Other Name: _____
(Circle one) Last Given

Company Name: _____ Position: _____

Bus. Phone: _____ Bus. E-mail: _____

Cell: _____

Birth Mother/Legal Step-Mother/Legal Guardian/Other Name: _____
(Circle one) Last Given

Company Name: _____ Position: _____

Bus. Phone: _____ Bus. E-mail: _____

Cell: _____

Sibling Name(s), Age(s) and Current Schools: _____

Any court ordered custody arrangements will be required before the enrolment process is completed.

For parenting arrangements in more than one home, please photocopy this form and complete as clearly as possible indicating weekly/monthly/other living arrangements.

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Medical Information

Name of Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell: _____

Please specify any serious medical conditions (diabetes, asthma, etc.), life-threatening allergies (peanuts, insect stings, shellfish, etc.) and if the student carries an Epi Pack.

Educational Information

Grade Applied for: _____ Year Date: _____ Present Grade: _____ Last Grade completed: _____

Current School: _____ Phone: _____

Type of School: Public _____ Separate _____ Private _____ Charter _____ Other _____

School Board to which taxes are directed: Calgary Public _____ Calgary Catholic _____ Rockyview _____ Other (specify) _____

School History: School _____ Year _____ Grade _____

School _____ Year _____ Grade _____

School _____ Year _____ Grade _____

Has the student repeated any grade? _____ If so, which grade? _____ Reason: _____

Please specify any significant learning diagnosis (gifted, learning disability, ADD, ESL, etc.), program modification, resource room support or IPP that has applied to the student in any previous years. _____

Assessment report available? Yes No

Please specify any disciplinary issues (ie: suspensions, etc.) _____

Please indicate extra-curricular school activities that the student participates in or has participated in previously (lessons, clubs, teams, volunteer work, etc.) _____

If you wish to declare that the student is Aboriginal, please check one:

_____ First Nation (status) _____ First Nation (non-status) _____ Métis _____ Inuit

For further information, please refer to: www.education.alberta.ca/system-supports/results-reporting or contact Alberta Education at 780-427-8501. If you have questions regarding the collection of student information by the school, please contact Mrs. Carter at 403-290-0767.

The information collected on this application form is protected under Personal Information Protection Act (PIPA). If the applicant is unsuccessful, this form along with any accompanying documents, test results and interview notes will be disposed of in a confidential manner. If the applicant is successful and enrolled at Delta West Academy, this information will be confidentially managed by the school.

I/We attest that the information provided on this Application Form is true and correct at the time of signing. Any of the foregoing information that changes will be provided to the school at in a timely manner any time prior or during the Admissions process, and any time after enrolment.

Print Parent Name _____ Signature _____

Print Parent Name _____ Signature _____

Date _____

Date _____

