



## Elementary Application Form

**Student Information:**

Student Number \_\_\_\_\_

Student Name: First \_\_\_\_\_ Last \_\_\_\_\_ (Chinese if applicable) \_\_\_\_\_

DOB:     yyy / mmm / dd     Age:     \_\_\_\_\_     Gender:   M / F

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone:   \_\_\_\_ - \_\_\_\_ - \_\_\_\_                      Fax:   \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Grade Applying For: \_\_\_\_\_ For the School Year of: \_\_\_\_\_

Present School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Languages: \_\_\_\_\_ Does the Child speak English? Yes \_\_\_\_\_ No \_\_\_\_\_

Citizenship:   Canadian \_\_\_\_\_   Landed Immigrant \_\_\_\_\_   Visa Student \_\_\_\_\_   Other \_\_\_\_\_

Health Card or other health insurance documentation #: \_\_\_\_\_

Expiration Date (if applicable):     yyy / mmm / dd

Doctor's Name: \_\_\_\_\_ Doctor's Phone:   \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Doctor's Address: \_\_\_\_\_

**Allergies:**

<input type="checkbox"/> Peanuts	<input type="checkbox"/> Nuts	<input type="checkbox"/> Milk	<input type="checkbox"/> Cheese	<input type="checkbox"/> Egg	<input type="checkbox"/> Seafood	<input type="checkbox"/> Fish
<input type="checkbox"/> Strawberries	<input type="checkbox"/> Wheat	<input type="checkbox"/> Raisins				

Other comments or special instructions/History of communicable diseases:

\_\_\_\_\_

- I will allow Yip's to use the above information to provide my child with appropriate care or medical treatment in case of emergency.
- This application does not automatically admit the applicant to Yip's Montessori School. The application and last month fee submitted with this form is non-refundable and non-transferable.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Yip's Music & Montessori Elementary School

Unionville Campus - 100 Lee Avenue, Unionville, Ontario, Canada L3R 8G2  
Tel: 905-752-0275 Fax: 905-513-0979

Hotline: 905-948-YIPS(9477) info@yips.com www.yips.com

### Parents Information:

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Relationship	Mother	Father	Guardian
<b>Name</b>	First Last	First Last	First Last
Address			
Occupation			
Email			
Cell/work Phones	Cell Work	Cell Work	Cell Work
Work Address			

### For Office use only :

Start Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Registration: \_\_\_\_\_

**Interview/Audition Date:** \_\_\_\_\_

**Tuition:** \_\_\_\_\_

Time: \_\_\_\_\_

Last Month: \_\_\_\_\_

Admission: Yes / No

Uniform: \_\_\_\_\_

Result: \_\_\_\_\_

STBK Material: \_\_\_\_\_