



APPLICANT CHECKLIST

- Completed application form
- A copy of the applicant's birth certificate or passport
- A recent school photo of the applicant
- Report cards from the last three years
- Teacher recommendation form

APPLICANT INFORMATION

Have you toured UYS? Yes No

Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____ Male Female

Language spoken in home: _____ Applying for Grade: _____ Year of Entry _____

Canadian Citizen: Yes No If no, country of citizenship: _____

Landed Immigrant Yes No If yes, enclose copy of proof Entry year to Canada: _____

Applicant lives with Father Mother Both Parents Guardian/Other: _____

(Please check all that apply) Stepfather Stepmother Parents Divorced/Separated

Father Deceased Mother Deceased

Parent/Guardian Information

Father/Guardian: _____

Mother/Guardian: _____

Stepmother: _____

Stepfather: _____

Home Address: _____

Home Address: _____

City/Prov/Postal Code: _____

City/Prov/Postal Code: _____

Home Phone: () _____

Home Phone: () _____

Cellular Phone: () _____

Cellular Phone: () _____

Home E-mail: _____

Home E-mail: _____

Profession: _____

Profession: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Describe the Nature of Business: _____

Describe the Nature of Business: _____

Employer Address: _____

Employer Address: _____

City/Prov/Postal Code: _____

City/Prov/Postal Code: _____

Work Phone: () _____

Work Phone: () _____

Work Email: () _____

Work Email: () _____

FINANCIAL RESPONSIBILITY

Name: _____ Relationship to Applicant: _____

Address: _____

FOR OFFICE USE ONLY

Received: _____ Interview: _____

Applicant ID: _____

Student ID: _____

SIBLINGS (Please complete the following information for all siblings)

Name: _____ Age: _____ Current School: _____

PERSONAL INFORMATION

1. Is the applicant fit and able to participate in sports and physical training? Yes No

If no, please give the particulars: _____

2. Has the applicant undergone: _____

a) Additional educational assessment for learning exceptionalities? Yes No If yes, please disclose documents

b) Enrollment in ESL of language tutoring classes? Yes No When: _____

3. Is the applicant taking medication on a regular basis? Yes No

If yes, please state particulars: _____

4. Have you ever applied to UYS before? Yes No

If yes, when: _____

5. Describe the co-curricular interests your child has that would add significantly to life at UYS.

6. Please indicate any awards or certificates that the candidate has received lately.

7. Please provide any other pertinent information that may be helpful in assessing your child.

Please sign and return to UYS Admissions Department _____ Date: _____

Father/Guardian Name (Print): _____ Mother/Guardian Name (Print): _____

Father/Guardian Signature: _____ Mother/Guardian Signature: _____

SCHOOL INFORMATION

Current School: _____ Phone: () _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Current Grade: _____ Grade Entered: _____ Date Entered: _____

