WELLINGTON HALL ACADEMY
GUELPH, ONTARIO

APPLICATION FORM

(Please Print)

_____ _____ _____
Surname Formal First Name Usual First Name

_____
Home address No. & Street City Province Postal Code

_____ Sex: ☐ M ☐ F Birthdate: _____
Home Phone yyyy mmm dd

_____ _____
Current School Current Grade

_____
Current School Address

Parents/Guardians:

_____ _____ _____
Father's Surname First Name Phone: Bus or Cell

_____ _____ _____
Mother's Surname First Name Phone: Bus or Cell

Employer:_____ _____
Father Mother

Emergency Contact Other than Parent/Guardian

_____ _____
Name Relationship

_____
Phone(s)

_____ _____
Signature – Parent/Guardian Date

Authorization for the collection and maintenance of this information is in the Education Act, R.A.O. 1980, c. 129, s237. Users of this information are supervisory officers, principals, teachers and support staff of the school. Information from this form will become part of the official record of the pupil's educational history. Contact person for queries concerning this information collection is the principal of the school.