

ACADEMY FOR GIFTED CHILDREN - P.A.C.E.

Confidential Application Form for Student Admissions

STUDENT INFORMATION

Name _____
Surname Given Names

Address _____

City Postal Code

Date of Birth _____ M/F _____

Physician Name _____ Telephone _____

Student Health Card Number _____

Present School _____ Present Grade _____

Address Postal Code Telephone

PARENT INFORMATION

Name _____
Father/Guardian Mother/Guardian

Address _____

Telephone (H) _____ (H) _____
(B) _____ (B) _____
(Cell) _____ (Cell) _____
(E-Mail) _____ (E-Mail) _____

Occupation _____

Emergency Contact (name & relationship) _____ Telephone _____

Applications are dealt with on a continuing basis until a class is filled, whereupon a waiting list is established to fill any class openings that may become available.

IMPORTANT: If accepted, a student's enrollment at P.A.C.E. shall be for the entire, ensuing academic year. Payments made or to be made on account of a student's tuition will not be reduced or refunded due to such student's withdrawal, absence or dismissal therefrom. The Director of P.A.C.E. reserves the right to dismiss any student who does not maintain the school's standard of personal conduct, in the Director's sole discretion.

A \$2500.00 non-refundable deposit is required upon registration.

Parent/Guardian Signature

Date