

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.

A student's placement at The Academy For Gifted Children - P.A.C.E. is accepted for the entire academic year and fees will not be reduced or refunded for reasons of withdrawal, absence or dismissal. The Director of The Academy For Gifted Children - P.A.C.E. reserves the right to dismiss any student who does not maintain the school's standard of deportment.

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

Parent/Guardian Signature

Date