

# Application for Admission

Please attach recent photograph here



**THE PRIORY SCHOOL**

3120 The Boulevard  
Montréal, QC H3Y 1R9

tel 514 935 5966  
fax 514 935 1428  
admissions@priory.qc.ca  
www.priory.qc.ca

## 1 Applying for grade

K  1  2  3  4  5  6 year

## 2 Student

Family name \_\_\_\_\_

First name \_\_\_\_\_

Date of birth (year/month/day) \_\_\_\_\_

Place of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Mother tongue \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Religion \_\_\_\_\_

## Address

Civic Number \_\_\_\_\_

Street \_\_\_\_\_

Apartment \_\_\_\_\_

City/municipality \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone number \_\_\_\_\_

## 3 Father

Name \_\_\_\_\_

Home address (if different from child) \_\_\_\_\_

\_\_\_\_\_

Home Tel \_\_\_\_\_

Business Tel \_\_\_\_\_ ext. # \_\_\_\_\_

e-mail \_\_\_\_\_

Business name and address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

## 4 Mother

Name \_\_\_\_\_

Home address (if different from child) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Tel \_\_\_\_\_

Business Tel \_\_\_\_\_ ext. # \_\_\_\_\_

e-mail \_\_\_\_\_

Business name and address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

## 5 Person responsible for the student

Parents  Father  Mother  Guardian

Correspondence to be addressed to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you expect to apply for financial assistance? \_\_\_\_\_

## 6 Previous school

Name of school or daycare previously attended \_\_\_\_\_

Grade \_\_\_\_\_

Type:  English  French  French Immersion

Does the student possess a Quebec Certificate of Eligibility? \_\_\_\_\_

MEQ permanent code \_\_\_\_\_

## 7 Relatives attending or who have attended The Priory

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Place in family  1  2  3  4  5

Sex of siblings \_\_\_\_\_  
(M or F)

Age of siblings \_\_\_\_\_

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**8 How did you hear about The Priory?**

Relatives  Friends  Newspaper  Other

**9 Physical disabilities of child**

Hearing  Vision  Speech  Heart

Muscular control  Other (specify)

Has child ever received treatment for any of the above?

Is your child taking any medication? (specify)

Childhood illness, operations, accidents, allergies? (specify)

Medicare number

**10 Vaccinations of child**

Measles  Mumps  Chicken Pox  Rubella

Other (specify)

**11 Has the child any learning difficulties?**

Yes  No

If yes, specify

**12 Please send in with application**

certified copy of birth certificate

photograph (passport size)

copy of latest school report

non-refundable application fee

Signature

Relationship

Date

*Note: If there is a change of address after this application is filed, please advise the school.*

**13 Comments** We would appreciate your comments on your reasons for having chosen The Priory as a potential partner in your child's education.

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**14 For office use only**

Application received

Student accepted

Received application fee

Registration fee

Approved by