

APPLICATION FOR ADMISSION

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APPLICANT INFORMATION

This Application is for admission to Grade _____ in September _____ Year

Name of Applicant _____
Last First Middle (Preferred)

Primary Address _____
Number and Street City Province/State Country Postal Code

Home Phone # _____ Date of Birth _____ Country of Birth _____
Month / Day / Year

Current Grade _____ School Name/Program _____ Phone # _____

Type of School Independent/Private Public Separate Other Current Teacher's Name _____

May we have permission to contact the current teacher if necessary? Yes No

First Language _____ Other Languages Spoken _____

Preferred Family Email for School correspondence _____

Does your son have any medical conditions, physical/social/emotional limitations or needs of which we should be aware?

GENERAL INFORMATION

Which of the following influenced your decision to apply to SHS?

- | | |
|--|--|
| <input type="checkbox"/> Boys Only | <input type="checkbox"/> Excellent Reputation |
| <input type="checkbox"/> Character and Leadership Building | <input type="checkbox"/> Previous Family Connection |
| <input type="checkbox"/> Safe and Nurturing Environment | <input type="checkbox"/> Extensive Co-Curricular Program |
| <input type="checkbox"/> Passionate Teachers | <input type="checkbox"/> Location |
| <input type="checkbox"/> Small Class Size | <input type="checkbox"/> Other (please specify) _____ |

From what sources did you receive your information about SHS?

- | | |
|--|---|
| <input type="checkbox"/> Family Members | <input type="checkbox"/> Visit to the School |
| <input type="checkbox"/> General Reputation | <input type="checkbox"/> School Prospectus |
| <input type="checkbox"/> News/Media/Advertisements | <input type="checkbox"/> Friends (please list) _____ |
| <input type="checkbox"/> Internet/Website | <input type="checkbox"/> Other (please specify) _____ |

Have you attended an SHS Open House? Yes No If yes, when? _____

Have you had a private tour? Yes No If yes, when? _____

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FAMILY INFORMATION

Please note the relationship between Parent 1 and Parent 2:

- Married Single Separated Divorced
 Mother Deceased Father Deceased

Primary Parent/Guardian 1

- Dr. Mr. Mrs. Ms.

Name _____
Last First

* If address is different from page 1

Address _____
Number and Street City
Province/State Country Postal Code

Place of Employment _____

Profession _____

Position Held _____

Bus. Email _____

Bus. Telephone _____

Cell Phone _____

University/College Degree/Accreditation _____

Private/Independent School attended if any _____

Primary Parent/Guardian 2

- Dr. Mr. Mrs. Ms.

Name _____
Last First

* If address is different from page 1

Address _____
Number and Street City
Province/State Country Postal Code

Place of Employment _____

Profession _____

Position Held _____

Bus. Email _____

Bus. Telephone _____

Cell Phone _____

University/College Degree/Accreditation _____

Private/Independent School attended if any _____

If separated/divorced, with whom does the Applicant live? _____

Name/Address of additional parent, if any, to whom correspondence should be mailed:

Name Number and Street City Province/State Country Postal Code

If other than parents, please provide the name and contact information of the person(s) responsible for payment of tuition and other school expenses.

Name Number and Street City Province/State Country Postal Code

Please list the names of the Applicant's brothers and sisters.

Name	School	Grade	Date of Birth

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3. What do you know about The Sterling Hall School which makes you believe that it will benefit your son?

4. It is very understandable that parents apply to several schools. If so, please list the schools that you are considering or have applied to.

Please ensure that the following is submitted with this Application Form:

- The \$150.00 application fee**
- A copy of your son's last June report card**
- All report cards issued during this current academic year**
- Any Psycho-Educational reports/assessments**
- A recent photograph of your son**

All information in this Application for Admission is strictly confidential. The undersigned grants The Sterling Hall School permission to request and receive confidential information regarding the applicant and to retain such material in the applicant's file. If the candidate is admitted to The Sterling Hall School, we undertake jointly and severally, to be responsible for all financial obligations incurred by the applicant at The Sterling Hall School.

Parent or Legal Guardian Signature: _____ Date: _____

Parent of Legal Guardian Signature: _____ Date: _____

Please send the completed Application and Documentation to our Mailing Address:
The Admissions Office, The Sterling Hall School, 99 Cartwright Avenue, Toronto, ON M6A 1V4

For Hand Delivery:

Our main entrance is accessed from Bentworth Avenue on the south-west side of the School property.