





Seneca Hill Private School

33 Overland Drive
Toronto, Ontario M3C 2C3
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applicant here

Application for Admission

☐ Domestic

☐ International

Applying to Grade ____ Beginning September ____

1 Applicant's Information

LAST NAME		FIRST NAME	PREFERRED FIRST NAME
DATE OF BIRTH MM DD YY		<input type="radio"/> MALE	<input type="radio"/> FEMALE
FIRST LANGUAGE		OTHER LANGUAGES	
COUNTRY(IES) OF CITIZENSHIP		APPLICANT'S EMAIL	
DATE OF ENTRY TO CANADA MM DD YY (International Applicants)		STATUS IN CANADA <input type="radio"/> PERMANENT <input type="radio"/> TEMPORARY <input type="radio"/> OTHER _____	

2 Applicant's Present School

SCHOOL NAME		CURRENT GRADE
ADDRESS		CITY
PROVINCE	POSTAL CODE	COUNTRY
TYPE OF SCHOOL	<input type="radio"/> PUBLIC <input type="radio"/> SEPARATE	<input type="radio"/> PRIVATE <input type="radio"/> NURSERY <input type="radio"/> DAYCARE
LANGUAGE OF INSTRUCTION	<input type="radio"/> PREDOMINANTLY ENGLISH	<input type="radio"/> PREDOMINANTLY FRENCH <input type="radio"/> OTHER _____
NUMBER OF YEARS AT CURRENT SCHOOL _____		

3 Applicant's Siblings

DOES THE APPLICANT HAVE SIBLINGS CURRENTLY ATTENDING SENECA HILL? ☐ YES ☐ NO

PLEASE LIST APPLICANT'S SIBLINGS

NAME	AGE/GRADE
NAME	AGE/GRADE
NAME	AGE/GRADE

IS THE APPLICANT'S PARENT AN ALUM(US/A) / STAFF MEMBER OF SENECA HILL? ☐ YES ☐ NO

IF YES, NAME(S) AND YEARS AT SENECA HILL _____

4 Family Information

PARENT / GUARDIAN 1: RELATIONSHIP _____

☐ MR. ☐ MRS. ☐ MS. ☐ DR. ☐ OTHER _____

LAST NAME

FIRST NAME

HOME ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

HOME TEL.

CELL TEL.

BUS. TEL.

PREFERRED EMAIL

EMPLOYER

PROFESSION

POSITION

PARENT / GUARDIAN 2: RELATIONSHIP _____

☐ MR. ☐ MRS. ☐ MS. ☐ DR. ☐ OTHER _____

LAST NAME

FIRST NAME

HOME ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

HOME TEL.

CELL TEL.

BUS. TEL.

PREFERRED EMAIL

EMPLOYER

PROFESSION

POSITION

APPLICANT LIVES WITH:

☐ BOTH PARENTS/GUARDIANS

☐ PARENT/GUARDIAN 1

☐ PARENT/GUARDIAN 2

IF PARENTS ARE NOT LIVING TOGETHER, WHO
IS THE CUSTODIAL PARENT/LEGAL GUARDIAN?

☐ PARENT 1

☐ PARENT 2

☐ JOINT CUSTODY

CORRESPONDENCE SHOULD BE SENT TO:

☐ BOTH PARENTS/GUARDIANS

☐ PARENT/GUARDIAN 1

☐ PARENT/GUARDIAN 2

5 Questions for Parent/Guardian

WHY ARE YOU CONSIDERING SENECA HILL FOR YOUR SON/DAUGHTER?

WHAT DO YOU BELIEVE ARE YOUR CHILD'S STRENGTHS, RELEVANT WEAKNESSES, TALENTS AND INTERESTS?

WHY ARE YOU CONSIDERING LEAVING YOUR CURRENT SCHOOL?

6 Questions for Applicant

NAME _____

APPLYING TO GRADE _____

WE ARE INTERESTED IN GETTING TO KNOW YOU! PLEASE COMPLETE THE FOLLOWING PHRASES. THERE IS NO RIGHT OR WRONG ANSWER, SO JUST BE YOURSELF AND HAVE FUN!

WHAT I MOST ENJOY DOING IS _____

THE PERSON I WOULD MOST LIKE TO MEET IS _____

I WISH PEOPLE WOULD _____

A BOOK THAT HAS CHANGED ME IS _____

WHAT PEOPLE LIKE MOST ABOUT ME IS _____

THE THING THAT REALLY UPSETS ME IS _____

A FAMILY TRADITION IS _____

IT'S FUN TO DREAM ABOUT _____

A RECENT CHALLENGE I OVERCAME IS _____

A QUALITY I SEEK IN FRIENDS IS _____

I WOULD BE HAPPIER IF _____

MY THEME SONG IS _____

SOMETHING SURPRISING ABOUT ME IS _____

TEACHERS OFTEN TELL ME _____

IF I WORE A SIGN, IT WOULD SAY _____

THE THING I LIKE BEST ABOUT LEARNING A NEW LANGUAGE IS _____

ADDITIONAL COMMENTS? (PLEASE SHARE ANY HOBBIES, COMPETITIVE SPORTS, ETC. THAT YOUR CHILD PARTICIPATES IN.) _____

7 Emergency Contact Information

➤ THIS EMERGENCY CONTACT INFORMATION IS OUR DIRECT LINE OF COMMUNICATION TO YOU WHEN YOU ARE NEEDED IN AN EMERGENCY.

PARENT 1 INFORMATION

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY/PROVINCE/POSTAL CODE: _____

PLACE OF EMPLOYMENT: _____ POSITION: _____ WORK PHONE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENT 2 INFORMATION

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY/PROVINCE/POSTAL CODE: _____

PLACE OF EMPLOYMENT: _____ POSITION: _____ WORK PHONE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

ALTERNATIVE CONTACT #1

NAME: _____ RELATION: _____ PHONE: _____

CELL PHONE: _____ ADDRESS: _____

ALTERNATIVE CONTACT #2

NAME: _____ RELATION: _____ PHONE: _____

CELL PHONE: _____ ADDRESS: _____

➤ IT IS THE RESPONSIBILITY OF THE PARENT TO INFORM THE SCHOOL OF ANY CHANGES IN THE INFORMATION LISTED ON THIS FORM.

8 Other Information

HOW DID YOU LEARN ABOUT SENECA HILL? (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="radio"/> INTERNET SEARCH / SENECA HILL WEBSITE | <input type="radio"/> REFERRED BY FRIENDS OR ACQUAINTANCES | <input type="radio"/> REFERRED BY SENECA HILL ALUMNI |
| <input type="radio"/> GENERAL REPUTATION | <input type="radio"/> SIBLING OR RELATIVE ATTENDED | <input type="radio"/> PARENT IS ALUMNUS(A) |
| <input type="radio"/> REFERRED BY RELOCATION AGENCY / EDUCATIONAL CONSULTANT | | |
| <input type="radio"/> ADVERTISEMENT (PLEASE SPECIFY) _____ | | |
| <input type="radio"/> OTHER (PLEASE SPECIFY) _____ | | |

WHAT WERE THE DECIDING FACTORS IN YOUR CHOOSING TO APPLY TO SENECA HILL? (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="radio"/> HIGH ACADEMIC STANDARDS | <input type="radio"/> DIVERSE COMMUNITY | <input type="radio"/> SAFE STUDENT ENVIRONMENT |
| <input type="radio"/> CARING AND NURTURING ENVIRONMENT | <input type="radio"/> COEDUCATIONAL | <input type="radio"/> INDIVIDUAL STUDENT ATTENTION |
| <input type="radio"/> INTERNATIONAL PERSPECTIVE | <input type="radio"/> CO-CURRICULAR ACTIVITIES (E.G. ATHLETICS, ARTS) | |
| <input type="radio"/> OTHER (PLEASE SPECIFY) _____ | | |

9 Acknowledgements

PLEASE STATE ANY ALLERGIES: _____ ANY OTHER DIETARY RESTRICTIONS? _____

IN REGARDS TO THE CANADIAN ANTI-SPAM LEGISLATION (CASL), I PROVIDE MY CONSENT TO RECEIVE COMMUNICATION VIA EMAIL (INCLUDING NEWSLETTERS, UPDATES, SCHOOL INFORMATION, ETC.) FROM SENECA HILL.

☐ YES ☐ NO

AS ALIGNED WITH SENECA HILL'S STRATEGIC PLAN, ADVERTISING - IN THE FORM OF AN ENHANCED WEBSITE, FACEBOOK PAGE, BROCHURES AND OTHER PROMOTIONAL MATERIALS - OF SCHOOL FACILITIES AND STUDENTS WOULD LIKE TO BE PURSUED. PLEASE INDICATE WHETHER YOU PROVIDE SENECA HILL WITH YOUR CONSENT TO PHOTOGRAPH YOUR CHILD AND INCLUDE THEM IN OUR PROMOTIONAL ACTIVITIES.

☐ YES ☐ NO

10 Applicant Checklist

PLEASE COMPLETE THE FOLLOWING:

- ☐ PROVIDE A COMPLETED SENECA HILL PRIVATE SCHOOL APPLICATION FORM
- ☐ PAY THE NON-REFUNDABLE APPLICATION FEE PAYABLE TO SENECA HILL PRIVATE SCHOOL
- ☐ PROVIDE A RECENT PHOTO OF THE APPLICANT (ATTACHED TO FIRST PAGE OF APPLICATION)
- ☐ PROVIDE A COPY OF PROOF OF DATE OF BIRTH (E.G. BIRTH CERTIFICATE, PASSPORT)
- ☐ PROVIDE A COPY OF THE CHILD'S IMMUNIZATION RECORDS
- ☐ PROVIDE A COPY OF THE CHILD'S HEALTH CARD (*if applicable*)
- ☐ PROVIDE COPIES OF TWO MOST RECENT END-OF-YEAR REPORT CARDS
- ☐ ARRANGE TO SPEND A DAY AT SENECA HILL

I AGREE TO THE TERMS AND CONDITIONS OF SENECA HILL PRIVATE SCHOOL'S APPLICATION POLICIES, AND CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. THE PRINCIPAL RESERVES THE RIGHT TO ASK FOR THE REMOVAL OF ANY STUDENT WHO FAILS TO REACH STANDARDS EXPECTED OF THEM BY THE SCHOOL IN EITHER WORK OR CONDUCT. ADHERENCE TO ALL SCHOOL POLICIES (ACADEMIC, CODE OF CONDUCT, FINANCIAL AND OTHERS) IS REQUIRED.

☐ YES ☐ NO

Signature of parent/guardian: _____ Date: _____

Return to: **ADMISSIONS**

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Canada

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