



APPLICATION CHECK LIST

- I have paid the application fee of \$50.00 –
by e-transfer accounting@greavesadac.com
- I enclosed a true copy, of my child's birth certificate, showing full names of both parents.
- I have enclosed a copy back to back of the Citizenship document.
- I have enclosed a copy of the Landed Immigrant or Selection of Quebec.
- I have enclosed a copy of the Medicare card.
- I have enclosed a copy of the last two years cumulative school year report card and all report cards received during the current academic year.
- I have viewed the website explaining about Seventh-day Adventists beliefs and I am willing to support this education system.
<https://www.adventist.org/en/beliefs/>



Greaves Adventist Academy
Montréal Campus

English Private School – K-11
2330 West Hill, Montréal, QC, H4B 2S4
Tel. 514-486-5092 Fax. 514-486-0515
www.greavesadventistacademy.com

Application for Admission

Reason for applying to Greaves Adventist Academy: _____
_____.

Last grade completed: _____ Year: _____ Permanent Code: _____

Applicant's family name: _____ First Name (s): _____

Date of birth: Day____ Month____ Year____ Age: ____ Sex: F M

Student's place of birth: _____

Mother tongue: _____ Language Spoken at home: _____

Home address: _____ City: _____ Province: _____ Postal Code: _____

Phone Number _____ Email: _____

Status in Canada: Canadian Citizen Permanent Resident Student Visa Landed Immigrant

CORRESPONDENCE

Mother

Family Name / First Name

Address (If different from applicant)

Tel. (Home): _____

Cell: _____

Email: _____

Father

Family Name / First Name

Address (If different from applicant)

Tel. (Home): _____

Cell: _____

Email: _____

Applicant lives with: Both Parents Mother Father Legal Guardian Stepmother / Father

Financial Statement to be sent to: Mother Father Both Other _____

Correspondence to be sent to: Mother Father Both Other _____

Student Profile

Have you previously applied to Greaves Adventist Academy?

No Yes. If yes, in which year: _____

Please list the previous schools attended.

School	Grade(s) Year(s)	Reason for Leaving	Language of Instruction

Has your child ever skipped a grade? No Yes, grade _____

Does your child have any medical conditions, physical/social/emotional limitations or needs of which we should be aware? No Yes. If yes, please explain:

Has your child had a Psycho-Educational Assessment, any Educational Testing, or any Therapeutic Support (e.g. Occupational or Speech Therapy)?

No Yes. If yes, please include a copy of the report(s) and describe.

What are your child's strengths?

What are your child's weaknesses?

List your child's interests, hobbies and achievement(s).

An application form with missing information cannot be considered.

I hereby certify that all of the information provided to Greaves Adventist Academy is complete and accurate, and understand that failure to provide accurate information may disqualify student enrolment.

Signature of Parent /Legal Guardian

Date