



**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](http://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 school 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:

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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.

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What are your child's strengths?

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What are your child's weaknesses?

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

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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



## APPLICATION CHECK LIST

- I have enclosed the non-refundable application fee of \$50.00
- I enclosed a true copy, of my child's birth certificate, showing full names of both parents. (The original document must be viewed at the Admission Office should your application be successful.)
- I have enclosed a copy back to back of the Citizenship document.
- I have enclosed a copy of the Land Immigrant or Selection of Quebec.
- I have enclosed a copy of Medicare card.
- I have enclosed a paragraph statement explaining why I believe Greaves Adventist Academy would be a good choice for my child.
- I have enclosed a copy of the last two year 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 believe and I am willing to support this education system.  
<https://www.adventist.org/en/beliefs/>