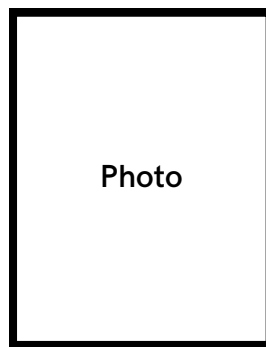




Silver Paw Academy
Admission/Application form
School year of 2024-2025



Student's identity

Last name: _____ First name: _____
Date of birth: _____ Sex (M/F): _____
Address of residence: _____
Postal code: _____ Municipality: _____
Nationality: _____
Phone number: _____
E-mail address: _____
Species: _____

Parents' identities - *Needed if the applicant is a minor*

First parent/guardian

Last name: _____
First name: _____
Address of residence: _____

Postal code: _____
Municipality: _____
Phone number: _____
E-mail address: _____
Species: _____

Second parent/guardian

Last name: _____
First name: _____
Address of residence: _____

Postal code: _____
Municipality: _____
Phone number: _____
E-mail address: _____
Species: _____

Previous school

School's name: _____

Public ☐ Private ☐

Address: _____

Postal code: _____ Municipality: _____

Courses and options

Chosen vocational stream: _____

Grade: *Undergraduate* - 1 ☐ 2 ☐ 3 ☐ 4 ☐ *Postgraduate* - 1 ☐ 2 ☐

Optional subjects - Choose all that applies:

Advanced French ☐ Advanced Biology ☐

Optional clubs will be chosen at the start of the year

Emergency contacts

Emergency contact 1

Name: _____

Relationship to the student: _____

Phone number: _____

E-mail address: _____

Emergency contact 2

Name: _____

Relationship to the student: _____

Phone number: _____

E-mail address: _____

Languages spoken

Check one proficiency level per language

1. _____ Fluent ☐ Intermediate ☐ Basic ☐
2. _____ Fluent ☐ Intermediate ☐ Basic ☐
3. _____ Fluent ☐ Intermediate ☐ Basic ☐
4. _____ Fluent ☐ Intermediate ☐ Basic ☐

Scholarship information

Are you applying for a scholarship? Yes ☐ No ☐

If yes, specify the type of scholarship:

- ☐ Academic Excellence
- ☐ Athletic Achievement
- ☐ Financial Need
- ☐ Artistic/Musical Talent
- ☐ Other (please specify): _____

Allergies

- ☐ No known allergies
- ☐ Food allergies: _____
- _____
- ☐ Environmental allergies (pollen, dust, etc.): _____
- _____
- ☐ Medication allergies: _____
- _____
- ☐ Other: _____
- _____

Medical information

List any chronic illnesses, injuries, disabilities, or other physical health issues

Physical health conditions: _____

List any diagnosed conditions such as anxiety, depression, ADHD, etc.

Mental health conditions: _____

Please specify any support or modifications needed for the student's success at school, e.g., extra time on tests, wheelchair access, therapy sessions, etc.

Required accommodations: _____

Indicate if the student has any specific medical protocols, like an EpiPen for severe allergies, asthma inhaler, etc.

Emergency medical procedures: _____

Include names, dosages, and purpose of medications, if applicable

Medications: _____

