

Northview Heights Secondary School

550 Finch Ave. W North York, Ontario
M2R 1N6 (416)-395-3290 ext 20139
Fax 416- 395-3294



**ACADEMIC PROGRAM
FOR
GIFTED ATHLETES**

APPLICATION FOR ADMISSION

PART A – GENERAL INFORMATION

Date: _____

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Name _____ Sport _____

Present Grade _____ Age _____ Date of Birth _____ Cell: _____

Health Card Number _____ Email _____

Academic Standing (average) _____ Level of Sport Performance

Special Programs (French Immersion, Special Ed.,
ESL) _____ National _____
Provincial _____

Local _____

Allergies/Medical Conditions: _____ Medications: _____

**P
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Parent/Guardian1: _____ Parent/Guardian2: _____

Address _____
Street _____ City _____ Province _____

Postal Code _____ Home Phone _____ email _____

Parent/Guardian 1 -Occupation _____ Bus. Phone _____

Cell: _____ Email _____

Parent/Guardian 2 -Occupation _____ Bus. Phone _____

Cell: _____ Email _____

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Complete one of the following: I live at the above home address _____ OR I live at.....

Address _____
Street _____ City _____ Province _____

Postal Code _____ Home Phone _____

Name of Legal Guardian _____ Relation _____

Occupation _____ Bus. Phone _____

Mobile _____ Email _____

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Name of School _____ Grades Attended _____

Address _____
Street _____ City _____ Province _____

Postal Code _____ Home Phone _____ Credits earned to date _____