

# AUROLA

alternative

## Application Form

Please print and fill out all sections.

You will need to enclose the following images with your application: A current photo of your child, a copy of last report card and Health card.

### *Student Information*

First Name

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Last Name

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Student Age

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Date of Birth

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Phone Number

---

Email

---

Place of Birth

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Address 1

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Address 2

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City

Province

Postal Code

Current Grade Level

School Last Attended

***Parent/Guardian's Information***

First Name

Last Name

Phone Number

Email

First Name

Last Name

Phone Number

Email

## ***Emergency Contact Information***

In case of emergency, who will be notified? Please answer the fields below:

First Name

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Last Name

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Phone Number

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## ***Health History***

If the student has any allergies, please list them:

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Is the student currently taking any medications? If yes, please list them:

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Does the student have any medical conditions or any other issues that would be helpful to know about?

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### ***Fees and Signature***

Please send a one-time non refundable fee of \$75 with this application.

Please send e-transfer to: [info@auroraalternative.ca](mailto:info@auroraalternative.ca)  
For cheque please contact [info@auroraalternative.ca](mailto:info@auroraalternative.ca)

Signature

Date Signed

