



Athol Murray College of Notre Dame

Date of Application

____/____/____
Year Month Day

Student Application Form 2014 - 2015

(please print clearly)

Student Number

Office Use Only

Applying for: 7 Day Boarding 5 Day Boarding Local/Day

Name of Student: _____
Family Name Official First and Second Names

Date of Birth: ____/____/____ Male _____ Female _____
Year Month Day

Current Grade: _____ Grade Applying For: _____

School Currently Attending: _____

Citizenship: _____ Religion: _____

How Did You Hear About Notre Dame: Alumni _____
Name

Current Student _____ Internet ND Sport Camps
Name

Other: _____

Attach Recent Student Photo

Father's Information (please indicate if Stepfather)

Name: _____

Mailing Address: _____
P.O. Box

Street Address or Land Description

City Province/State

Postal Code/Zip Code Country

Home: () _____

Business: () _____

Cell: () _____

Fax: () _____

Email: _____

Occupation: _____

Place of Employment: _____

Mother's Information (please indicate if Stepmother)

Name: _____

Mailing Address: _____
P.O. Box

Street Address or Land Description

City Province/State

Postal Code/Zip Code Country

Home: () _____

Business: () _____

Cell: () _____

Fax: () _____

Email: _____

Occupation: _____

Place of Employment: _____

Parent Information

Parent Legal Marital Status: Single Married Divorced Separated Widowed Common Law

Student Normally Resides With: Both Parents Father Mother Stepfather Stepmother

Legal Custody: Joint Father Mother Other: _____

General Correspondence

& Communication: Both Parents Father Mother Stepfather Stepmother Consultant

Third Party specify: _____

Address: _____

Phone: () _____ Email: _____

School Reports: Both Parents Father Mother Stepfather Stepmother Consultant

Third Party specify: _____

Address: _____

Phone: () _____ Email: _____

Financial Statements: Both Parents Father Mother Stepfather Stepmother Consultant

Third Party specify: _____

Address: _____

Phone: () _____ Email: _____

Clubs: Please indicate what programs you would be interested in participating in on campus

- | | | |
|--|--|--|
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Church Choir | <input type="checkbox"/> Outdoor Education |
| <input type="checkbox"/> Multimedia | <input type="checkbox"/> Hounds for Humanity | <input type="checkbox"/> Sport Trainers |
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Works of Mercy | |

Fine Arts: Please detail interest or experience in these areas

- Music
- Choral _____
 - Instruments _____
 - Dance _____

Visual Art _____

Drama _____

Sports: Please detail interest or years of experience (include the most recent team and league, as well as, position played).

Field Sports _____

Court Sports _____

Hockey __Goaltender __Right Center __Left Center __Right Forward __Left Forward __Right Defense __Left Defense

Declaration:

With regard to this application, I/We certify all particulars are true and complete in all aspects and no information has been withheld. I/We understand falsifying documents, information or failure to disclose pertinent information during this process may result in immediate dismissal of our child from the College. The College reserves the right to cancel any admission ruling on medical or other grounds at the College's discretion.

Parent Signature

Date

*Return this signed application form with an **application fee of \$100.00**
This fee is non-refundable & applies to first year students only*

Athol Murray College of Notre Dame
Admissions Office
P.O. Box 100 • Wilcox • Saskatchewan • S0G 5E0 • Canada
Email: s.sherven@notredame.ca
Tel: (306) 732-1203 Fax (306) 732-4409

I authorize the Athol Murray College of Notre Dame to debit my credit card for the Application Fee of \$100.00 on behalf of

Student's Full Name (print)

Cardholder (please print): _____

Signature: _____

Visa

MasterCard

American Express

Number: _____

Expiry Date: _____

OR Application Fee of \$100.00 (Canadian dollars) will be paid by enclosed cheque