

ACADEMY APPLICATION FOR ADMISSION



11712 – 130 Avenue
Edmonton AB
T5E 0V2
(780) 453-1596
www.stedmund.ecsd.net

For Office Use
 Approved
 Declined

APPLICATION FOR ADMISSION

Please complete the application in full and forward it to the school. Acceptance into the academy program you have selected is at the discretion of the school administration and program staff. Limitations may be established based on the total number of participants, available classroom space and academic/athletic performance. If necessary the academy rubrics will be applied. Please refer to our St. Edmund website for more information www.stedmund.ecsd.net.

STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS _____ CITY/TOWN: _____

POSTAL CODE: _____ GRADE LEVEL SEPT. 2012: _____ EMAIL(S): _____

PARENT/GUARDIAN NAME(S): _____ CONTACT INFORMATION: **PHONE NUMBERS**

BIRTH DATE: _____

HOME:
DAD [WORK/CELL]:
MOM [WORK/CELL]:

PROGRAM CHOICE INFORMATION ~ please fill all appropriate sections

<input type="checkbox"/> HOCKEY ACADEMY	<input type="checkbox"/> RECREATION ACADEMY	<input type="checkbox"/> SOCCER ACADEMY
Hockey Club Team & Tier: _____ Position: (PLEASE CIRCLE) FORWARD DEFENSE GOALIE	Phys. Ed Mark: _____ % <i>or</i> Excellent - Proficient - Basic - Insufficient Recreational Experiences: _____	Level/Tier or Club Team: _____ Position: (PLEASE CIRCLE) OUTFIELDER GOALKEEPER

**In order for applications to be processed a coach/educator questionnaire must accompany this application.*

- Coaches/educator questionnaire submitted
- Yes, I am interested in a shadow day

*****PLEASE NOTE:** Full Confirmation Deposit Fee [first and last month payment] will be withheld for any withdrawal from the Academy once registration deposit has been paid. If you withdraw from the Academy during the school year, the current month plus the last month's fees will be withheld.

The undersigned hereby give consent for the above-named student to participate in a St. Edmund Academy Program. We authorize access by school administration and program directors to his/her student records. We give permission for him/her to participate in media reports and interviews to the public and/or display (including program websites) of his/her audio sound, photographs, and video image.

Legal Parent/Guardian Signature: _____

Parent Guardian Name: _____ Date: _____



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