

ACADEMY APPLICATION FOR ADMISSION



11712 – 130 Avenue
Edmonton AB
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(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: _____ Initial: _____
 Address _____
 Postal Code: _____ Grade level Sept. 2010: _____ Email: _____
 Parent/Guardian Name(s): _____ Daytime Phone Number: _____
 Birth Date: _____ Alberta Health Care: _____

PROGRAM CHOICE INFORMATION ~ please fill all appropriate sections

<input type="checkbox"/> Hockey Academy OR <input type="checkbox"/> Soccer Academy	<input type="checkbox"/> Recreation Academy	<input type="checkbox"/> Sports Alternative
Level/Tier or Club Team: _____	Phys. Ed Mark: _____ % <u>or</u> Excellent - Proficient - Basic - Insufficient	Sport: _____
Preferred Position: _____	Recreational Experiences: _____	Afternoon Athletic Program: _____
		Organization: _____

***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 one month's deposit fee 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 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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