



Athol Murray College of Notre Dame

Date of Application

____/____/____
Year Month Day

Student Application Form 2010 - 2011

(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: _____

Passport: _____
Country Number

Religion: _____

How Did You Hear About Notre Dame: Alumni _____
Name

Internet _____ ND Sport Camps Other: _____
Web Name

Attach Recent
Passport Size
Photo

Father's Information (please indicate if Stepfather)

Name: _____

Mailing Address: _____

Home: () _____

Business: () _____

Cell: () _____

Fax: () _____

Email: _____

Occupation: _____

Place of Employment: _____

Mother's Information (please indicate if Stepmother)

Name: _____

Mailing Address: _____

Home: () _____

Business: () _____

Cell: () _____

Fax: () _____

Email: _____

Occupation: _____

Place of Employment: _____

Parent Information

Legal Marital Status: Single Married Divorced Separated Widowed Common Law

Student Normally Resides With: Both Parents Father Mother Stepfather Stepmother

Primary Legal Custody: Joint Father Mother Other: _____

General Correspondence

& Communication: Both Parents Father Mother Stepfather Stepmother Consultant

Third Party specify: _____

School Reports: Both Parents Father Mother Stepfather Stepmother Consultant

Third Party specify: _____

Financial Statements: Both Parents Father Mother Stepfather Stepmother Consultant

Third Party specify: _____

Declaration:

With regard to this application, I/We certify all particulars are true and complete in all aspects and no information (medically and/or any conviction or probation served) has been withheld. I/We understand falsifying documents, information or failure to disclose pertinent medical information during this process will 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.

Father's (Stepfather) Signature

Mother's (Stepmother) Signature

*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
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