



Academy Way, Kelowna, BC V1V 3A4
 250.491.1270
 info@aberdeenhall.com
ABERDEENHALL.COM

PLEASE complete and 'save as' to forward by email

Date of Application : _____ Name of Applicant: _____

Current Grade: _____ Grade Applied for: _____

Note: *Minimum of Gr.11 and Gr. 12 must be completed at AHPS to graduate with high school diploma.*

Education Agency (if applicable): _____

Agent: _____

Address: _____

Email: _____ Tel: _____

Please include the following with your application:

- Completed application form
- CDN \$300.00 application fee (non-refundable)
- All transcripts, certificates or school records from current year and previous year (in English)
- IELTS/TOEFL results (if available)
- 2 letters of reference from teachers or principal
- Copy of student's passport
- Copy of parent's passports

Payment options for Application Fee

Amount: \$300.00

- Pay online via our website
 Send secure payment link via email address provided

Please provide an email address for the invoice to be sent: _____

Program requirement for new students

- I understand that new students are required to attend the Jump Start program held the week prior to the start of the year.



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PLEASE complete one application for each student

STUDENT INFORMATION

Name: _____
First Name Middle Name Last Name

Phone Number: _____ Date of Birth: _____ Gender: Male Female
dd/mm/yyyyv

Citizenship – please specify: _____ Applying for school year: _____

Entering grade: _____

EDUCATION

Current school: _____ Email: _____

Address: _____

Date of Entrance: _____

PARENT 1 OR **GUARDIAN 1** Same address and phone number as student

Title: Mr Mrs Miss Ms. Dr. Other Please specify _____

Name: _____
First Name Middle Name Last Name

Address: _____

Cell Phone: _____ Email: _____

Additional contact information: _____
Please indicate Skype, WhatsApp, WeChat etc.

Occupation: _____ Employer: _____



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PARENT 2 OR **GUARDIAN 2** Same address and phone number as student

Title: Mr Mrs Miss Ms. Dr. Other Please specify _____

Name: _____
First Name Middle Name Last Name

Address: _____

Cell Phone: _____ Email: _____

Additional contact information: _____
Please indicate Skype, WhatsApp, WeChat etc.

Occupation: _____ Employer: _____

PARENT AND FAMILY INFORMATION

Student resides with: Both Parents Mother Only Father Only Guardian

To whom should correspondence be sent? Both Parents Mother Only Father Only Guardian

Custody agreement or restraining order in place? Yes No If yes, please provide a copy of the documentation

SIBLING INFORMATION

Name: _____ Date of birth: _____
First Name Last Name

Current School: _____

Name: _____ Date of birth: _____
First Name Last Name

Current School: _____

Name: _____ Date of birth: _____
First Name Last Name

Current School: _____



EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Cell Phone: _____

APPLICANT'S EDUCATIONAL HISTORY – GRADE 1 TO 12

In order for us to accurately determine our ability to provide the required level of support to each individual student, it is important that the following questions are answered with as much sincerity and detail as possible.

Names and addresses of schools attended within the last three years (not including current school):

School: _____ Phone: _____ Dates Attended: _____

School: _____ Phone: _____ Dates Attended: _____

Has the applicant ever been advanced a grade? Yes No If yes, which grade? _____

Has the applicant ever repeated a grade? Yes No If yes, which grade? _____

Please indicate languages studied and level of proficiency for each:

English: Beginner Intermediate Fluent

Other: _____ Beginner Intermediate Fluent

Other: _____ Beginner Intermediate Fluent

Has the student ever been designated "Special Needs" (ie Gifted, Learning Disability, ADHD, etc)? Yes No

If, yes, please describe: _____

Has the applicant ever had a psychological-education (Psych-Ed) assessment? Yes No

If yes, provide the date of the assessment: _____

Name of physician conducting assessment: _____

If the applicant has received or is receiving counseling due to a personal problem or event, please share information about the assistance so we can better understand and respond to your child's unique needs. (Attach reports)

Has the applicant been prescribed any medication to be taken on a regular basis? Yes No

If yes, please elaborate: _____



Has the applicant ever been the subject of serious disciplinary procedure at school or in the community?

Yes No

Please detail any disciplinary matters: _____

Remarks from the family (i.e. is there anything you would like to add that has not been covered in the application?):

APPLICANT INFORMATION *To be completed by the student.*

Within the past year, which books have you read that have particularly appealed to you?

Have you achieved any awards, honours, and achievements in the area of academics? If so, please list them below:

What are your personal passions?

Please list all extracurricular, athletic, and community activities in which you have been involved during **the past two years**.

| Activity | Years Involved | Level/Leadership position |
|----------|----------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How do you feel you can contribute to the Aberdeen Hall community?



I/We consent to having Aberdeen Hall Preparatory School collect personal information that may include student identification, birth certificate, behavioural, academic, or health information. I/We further consent to the use and disclosure of the information contained in this form and otherwise collected by Aberdeen Hall Preparatory School for the purpose of establishing, maintaining, and ending the student's or parent's relationship with Aberdeen Hall Preparatory School.

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

By typing your name and date above and submitting this form by email you are agreeing to the above statement.