

# Stratford Middle Years School Application Form

## STUDENT INFORMATION

Date of Application: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last

Nickname, if preferred: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Present school: \_\_\_\_\_ Date entered: \_\_\_\_\_

## PARENT AND FAMILY INFORMATION

Student resides with:  Both Parents  Father  Mother  Guardian

### Parent / Guardian Information

\_\_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_  
Street City Province Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent / Guardian Information

\_\_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_  
Street City Province Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**\*Application fee of \$150 is due at the time of submission. Cheque made to Stratford Middle Years School Inc. or Etransfer to [smysadmissions@gmail.com](mailto:smysadmissions@gmail.com). Applicants will be chosen on a first come first serve basis.**

**\*\*Applications can be submitted in person or by email to [smysadmissions@gmail.com](mailto:smysadmissions@gmail.com)**

*Our School does not discriminate on the basis of race, colour, religion, gender, national or ethnic origin in the administration of educational or admissions policies, financial aid programs, athletic and other school-administered programs, or its employment practices.*