

APPLICATION FOR ADMISSION

2024/2025

PLEASE NOTE: THIS APPLICATION DOES NOT GUARANTEE ENROLLMENT.
VICTUS ACADEMY RESERVES THE RIGHT TO ADMIT OR DECLINE APPLICANTS ACCORDING TO ITS ADMISSION POLICIES.

APPLICATION FOR GRADE: 5 6 7 8 9 10 11 12						
STUDENT ATHLETE INFORMATION						
FAMILY NAME						
GIVEN NAME	MIDDLE NAME					
DATE OF BIRTH	GENDER					
ADDRESS	СІТУ					
POSTAL CODE						
CURRENT HOCKEY TEAM & LEVEL	HOCKEY POSITION					
ACADEMIC AVERAGE						
MEDICAL HISTORY (Injuries, Allergies, Other Challenges)						
PARENT/GUARDIAN INFORMATION						
NAME OF PARENT/GUARDIAN	NAME OF PARENT/GUARDIAN					
RELATIONSHIP	RELATIONSHIP					
HOME PHONE	HOME PHONE					
MOBILE PHONE	MOBILE PHONE					
EMPLOYER/OCCUPATION	EMPLOYER/OCCUPATION					
ADDRESS (if different than student)	ADDRESS (if different than student)					
EMAIL ADDRESS	EMAIL ADDRESS					
SCHOOL INFORMATION						
CURRENT SCHOOL NAME						
PRINCIPAL'S NAME	ACADEMIC ACHIEVEMENTS					
STUDENT HAS AN IEP: YES NO IF YES, PLEASE ATTACH A COPY WITH SUBMISSION INFORMATION						



APPLICATION FOR ADMISSION

2024/2025

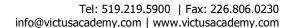
		RFF	ERENCES		
Please pro	ovide the co			emic, and athletic reference OR you may	
attach ref	erence lette	er(s).			
TEACHER/PR	TEACHER/PRINCIPAL NAME			CONTACT NUMBER OR EMAIL ADDRESS	
ACADEMIC REFERENCE				CONTACT NUMBER OR EMAIL ADDRESS	
ATHLETIC RE	ATHLETIC REFERENCE			CONTACT NUMBER OR EMAIL ADDRESS	
		FINANCIAL INFORMA	TION – PAYM	IENT OPTIONS	
	P	AYMENT IN FULL		10 EQUAL MONTHLY PAYMENTS	
			ROCESS		
YES	NO	•		INT FILES TO VICTUS ACADEMY	
YES	NO			PTED (See attached OSR Request Form) ON AND HAVE RECEIVED, READ, AND	
113	l NO	UNDERSTAND THE POLICIES IN			
YES	NO	I/WE HAVE ATTACHED A NOT	N-REFUNDABLE	\$2000 REGISTRATION FEE. THIS DEPOSIT	
		WILL BE DEDUCTED FROM TH	IE TUITION FEES	S FOR THE YEAR IF THE APPLICATION FOR	
		ADMISSION IS ACCEPTED.			
YES	NO	I/WE ACCEPT THE FINANCIAL F	RESPONSIBILITIE	S FOR TUITION AND OTHER FEES.	
	SIG	NATURES OF STUDENT/AP	PLICANT AND	PARENTS/GUARDIAN	
ACKNOWLEI Procedures I	DGE HAVING R Manual) AND I	ECEIVED, READ, AND UNDERSTAND THE	CURRENT POLICIES	O ATTENDANCE, BEHAVIOUR, DISCIPLINE AND DRESS CODE. I IN EFFECT (outlined in the <i>Student Playbook</i> and <i>Policies</i> & FOLLOWED AS A CONDITION OF MY CONTINUED ENROLLMENT	
STUDENT SIG	STUDENT SIGNATURE		DATE	DATE	
IN FULFILLIN	IG THE PURPO LICIES IN EFFEC LIANCE BY MY	SE AND MISSION OF THE SCHOOL. I/WE CT (outlined in the <i>Student Playbook, Par</i>	ACKNOWLEDGE HArent Handbook, and	US ACADEMY AND WILL SUPPORT HIM/HER AND FACULTY AVING RECEIVED, READ, AND UNDERSTAND THE CURRENT Policies & Procedures Manual), AND ACKNOWLEDGE AND AGRILLD'S CONTINUED ENROLLMENT AT VICTUS AND THAT THEY AR	
PARENT/GU	ARDIAN SIGNA	ATURE	DATE		
PARENT/GUARDIAN SIGNATURE			DATE		



APPLICATION FOR ADMISSION

2024/2025

SUBMISSION CHECKLIST				
PLEASE COMPLETE AND RETURN:				
☐ THIS APPLICATION FORM IN ITS ENTIRETY				
☐ A NON-REFUNDABLE DEPOSIT OF \$2000 (WHICH WILL BE APPLIED TOWARDS TUITION UPON ACCEPTANCE)				
- E-transfers made payable to payments@victusacademy.com				
- Cheque made payable to Victus Academy				
☐ A COPY OF THE STUDENT'S MOST RECENT 2 REPORT CARDS AND HIGH SCHOOL TRANSCRIPT (if applicable)				
☐ A COPY OF THE STUDENT'S ACADEMIC IEP (if applicable) or ANY OTHER ACADEMIC INFORMATION				
AND DETUDNITO				
AND RETURN TO:				
VICTUS ACADEMY ADMISSIONS				
35 SPORTSWORLD CROSSING ROAD				
KITCHENER, ON				
N2P 0A5				
admissions@victusacademy.com				





Sportsworld Arena | Mailing Address: 35 Sportsworld Crossing Road, Kitchener, On N2P 0A5

OSR Request Form To be filled out by family Outgoing School: ______, ON Registrar Phone number: Registrar Email address: Please forward the Ontario Student Record (OSR) for: Surname First Middle who has enrolled in Grade _____ at: **Victus Academy** 35 Sportsworld Crossing Rd Telephone Number: (519) 219-5900 Kitchener, ON School MIDENT #: <u>669153</u> N2P 0A5 September 3, 2024 Starting on: Parent Signature Date To be filled out by Victus Academy Administration: I hereby agree to accept responsibility for the record and to use, maintain, transfer, and dispose of the record in accordance with the Ontario Student Record (OSR) Guideline, 2000. Principal Signature Date

OSR Received Date:

OSR Request Date: