



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	CITY
POSTAL CODE	
CURRENT HOCKEY TEAM & LEVEL	HOCKEY POSITION
ACADEMIC AVERAGE	
MEDICAL HISTORY ( <i>Injuries, Allergies, Other Challenges</i> )	

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 ( <i>if different than student</i> )	ADDRESS ( <i>if different than student</i> )
EMAIL ADDRESS	EMAIL ADDRESS

SCHOOL INFORMATION	
CURRENT SCHOOL NAME	
PRINCIPAL'S NAME	ACADEMIC ACHIEVEMENTS
STUDENT HAS AN IEP: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE ATTACH A COPY WITH SUBMISSION INFORMATION	



#### REFERENCES

Please provide the contact information for a teacher/principal, academic, and athletic reference OR you may attach reference letter(s).

TEACHER/PRINCIPAL NAME	GRADE/SUBJECT	CONTACT NUMBER OR EMAIL ADDRESS
ACADEMIC REFERENCE		CONTACT NUMBER OR EMAIL ADDRESS
ATHLETIC REFERENCE		CONTACT NUMBER OR EMAIL ADDRESS

#### FINANCIAL INFORMATION – PAYMENT OPTIONS

PAYMENT IN FULL	10 EQUAL MONTHLY PAYMENTS
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#### PROCESS

YES	NO	I/WE AGREE TO THE TRANSFER OF THE STUDENT FILES TO VICTUS ACADEMY IF THE APPLICATION FOR ADMISSION IS ACCEPTED (See attached OSR Request Form)
YES	NO	I/WE HAVE RECEIVED ADEQUATE INFORMATION AND HAVE RECEIVED, READ, AND UNDERSTAND THE POLICIES IN THE HANDBOOKS PROVIDED TO US
YES	NO	I/WE HAVE ATTACHED A NON-REFUNDABLE \$2000 REGISTRATION FEE. THIS DEPOSIT WILL BE DEDUCTED FROM THE TUITION FEES FOR THE YEAR IF THE APPLICATION FOR ADMISSION IS ACCEPTED.
YES	NO	I/WE ACCEPT THE FINANCIAL RESPONSIBILITIES FOR TUITION AND OTHER FEES.

#### SIGNATURES OF STUDENT/APPLICANT AND PARENTS/GUARDIAN

I AGREE TO ABIDE BY ALL SCHOOL POLICIES IN EFFECT, INCLUDING THOSE RELATING TO ATTENDANCE, BEHAVIOUR, DISCIPLINE AND DRESS CODE. I ACKNOWLEDGE HAVING RECEIVED, READ, AND UNDERSTAND THE CURRENT POLICIES IN EFFECT (outlined in the *Student Playbook and Policies & Procedures Manual*) AND FURTHER ACKNOWLEDGE AND AGREE THAT THEY MUST BE FOLLOWED AS A CONDITION OF MY CONTINUED ENROLLMENT AT VICTUS AND THAT THEY ARE SUBJECT TO CHANGE.

STUDENT SIGNATURE

DATE

AS PARENT(S)/GUARDIAN(S), I/WE APPROVE THE APPLICANT'S ENROLLMENT AT VICTUS ACADEMY AND WILL SUPPORT HIM/HER AND FACULTY IN FULFILLING THE PURPOSE AND MISSION OF THE SCHOOL. I/WE ACKNOWLEDGE HAVING RECEIVED, READ, AND UNDERSTAND THE CURRENT SCHOOL POLICIES IN EFFECT (outlined in the *Student Playbook, Parent Handbook, and Policies & Procedures Manual*), AND ACKNOWLEDGE AND AGREE THAT COMPLIANCE BY MY CHILD AND BY US AS PARENTS IS A CONDITION FOR MY CHILD'S CONTINUED ENROLLMENT AT VICTUS AND THAT THEY ARE SUBJECT TO CHANGE.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE



### 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 RETURN TO:**

**VICTUS ACADEMY ADMISSIONS**  
35 SPORTSWORLD CROSSING ROAD  
KITCHENER, ON  
N2P 0A5  
admissions@victusacademy.com



## OSR Request Form

To be filled out by family

Outgoing School: \_\_\_\_\_ City: \_\_\_\_\_, 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  
Kitchener, ON  
N2P 0A5

Telephone Number: (519) 219-5900  
School MIDENT #: 669153

**Starting on: September 3, 2024**

\_\_\_\_\_  
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 Request Date:

OSR Received Date: