



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 |

| 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. A FURTHER \$1000 DEPOSIT TO BE PAID ON AUGUST 1. |
| 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 APPLIED TOWARDS TUITION UPON ACCEPTANCE (\$3000 IF AFTER AUG. 1) -
  - 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 8, 2026**

\_\_\_\_\_  
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: