



HOLLYCREST MIDDLE SCHOOL

630 Renforth Drive, Etobicoke, Ontario M9C 2N6

HIGH PERFORMER PROGRAM

Ms. K. Campbell, Co-ordinator

416-394-7050 ext. 20012

THE APPLICATION PROCESS

If you wish to apply, please do the following:

- Complete the application form. Incomplete applications will **NOT** be considered.
- Obtain a recommendation letter from your coach indicating information about your present performance level, future potential, attitude and other characteristics which would give us insight into your athletic talent.
- Include a copy of your most recent report card.
- Transportation, including busing and distribution of TTC tickets, is not provided by the school board.
- Please contact Ms. Campbell or Mr. Besworth at 416-394-7050 ext. 20012 if further information is required.

***NOTE:** There is a \$50 application fee to be attached to the application. Please make cheque payable to Hollycrest Middle School.

Office Use Only

- | |
|---|
| <input type="checkbox"/> Application Fee |
| <input type="checkbox"/> Report Card |
| <input type="checkbox"/> Coach's Reference Letter |
| <input type="checkbox"/> Date Received _____ |

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APPLICATION FOR ADMISSION

Date: _____

Name: _____

Age: _____^{Last} Birth Date: _____^{First}

Sport/Activity: _____

Health Card Number: _____
Version _____

Mother's Name: _____ Father's Name: _____

Business Phone: _____ Business Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Address: _____ City: _____

Postal Code: _____ Province: _____

If applicant's address is different from above, please provide:

Address: _____ City: _____

Postal Code: _____ Province: _____

Name of Legal Guardian: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Name of School: _____ Current Grade: _____

Address: _____ City: _____

Postal Code: _____ Province: _____

Teacher: _____ Principal: _____

School Board: _____ Student OEN # _____

School Phone # _____ School Fax # _____

ATHLETE

PARENTS

RESIDENCE

CURRENT SCHOOL

ATHLETIC INFORMATION

Coach's Name: _____ Club Affiliation: _____

Address: _____ City: _____

Postal Code: _____ Province: _____

Email: _____

Business Phone: _____ Cell Phone: _____

Level of Coach: Provincial _____ National _____ Other _____

Name of Club/Team: _____

Training Centre: _____

Address: _____ City: _____

Postal Code: _____ Province: _____

Business Phone: _____ Fax # _____

Number of Hours of Training/Week: _____ Months of Season: _____

Please document your level of performance (ranking, national team, provincial team, major tournament results, articles, etc.)

Please outline your weekly training schedule (days and times).

If you are aware of any competition(s) that are more than 3 school days in duration, please list the location(s) and date(s).

COACH

TRAINING CENTRE

PERFORMANCE

SCHEDULE

ATHLETE:

Write a short paragraph explaining why you would benefit from this program giving consideration to how you would maximize the use of your time.

PARENTS:

How do you think this program would benefit your child athlete?

*Note: Where there is financial hardship, the Principal may waive the requirement for the application fee.

SIGNATURES:

_____ Athlete

_____ Parent or Guardian

OFFICE USE ONLY:
