

JOHN OLIVER DIGITAL IMMERSION MINI SCHOOL

LATE ENTRY APPLICATION FORM



(AFTER INITIAL GRADE 8 ENTRY)

Student's Name:	(Last Name)	(Legal First Name)	(Commonly Used First Name)
Birth Date:(Y	ear/Month/Date)	Gender: Male	Female \square
Address:		Po	stal Code:
		Student's Email:	
Mother's Phone (Day):		Mother's Email:	
Father/Guardian's Name	2:		
Father's Phone (Day):		Father's Email:	
Secondary School stude			
Secondary School Teach	er/Contact:		
International Student	Yes ☐ No ☐		
Secondary Catchment So	chool student would norma	ally attend:	

Please attach a copy of the candidate's most recent school report and photo of the student candidate

Thank you for applying to the John Oliver Digital Immersion Mini School.

Please note that we will only contact you if a position is available.

Potential candidates will be required to come in for an interview as part of the selection process.

530 East 41st Avenue, Vancouver, B.C. • V5W 1P3 • Telephone: (604) 713-8938 • Fax: (604) 713-8937