JOSS Contraction		AL IMMERSION N APPLICATION FO	
Student's Name:	(Last Name)	(l egal First Name)	(Commonly Used First Name)
Birth Date:		Gender:	
Address:	(Year/Month/Date)		Postal Code:
Home Phone:		_ Student's Email:	
Parent/Guardian	#1 Name:		
	#2 Name:		
Secondary School student is currently attending: Secondary School Teacher/Contact:			
International Stu	dent Yes 🗌 No 🗌		
Secondary Catchment School student would normally 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 41<sup>st</sup> Avenue, Vancouver, B.C. • V5W 1P3 • Telephone: (604) 713-8938 • Fax: (604) 713-8937