

**SHERWOOD SECONDARY HOCKEY CANADA SKILLS
ACADEMY APPLICATION FORM
2009-2010**

A. STUDENT INFORMATION

1. Legal Surname: _____
2. Legal First Name: _____ Middle Name(s): _____
3. Gender: Male Female
4. Date of Birth: year: _____ month: _____ day: _____
5. Grade:
- 9 10 11 12

B. ADDRESS INFORMATION

6. House/Apt./Unit #: _____ Street Name: _____
7. City: _____ Postal Code: _____
8. Who do you live with?
- Parent s Guardian Mother
- Father Other
- First and Last Name(s): _____
9. Do you have any involvement with any agency? (Children's AID) yes no
Please indicate name of agency: _____

C. SCHOOL INFORMATION

10. School Name, City and Province of last school attended: _____
11. Overall Average in your previous school year: _____
12. Failed subjects and the mark in your previous school year: _____
13. Any suspensions in your last school year and how many days: _____
14. Any expulsions in your last school year? yes no
15. Overall Number Of Classes Absent in your last school year: _____
16. Overall Number Of Classes Late in your last school year: _____

17. List any school clubs, committees or sports teams you have participated on, in your last school year :

18. List any school accomplishments or awards you are proud of?

D. HOCKEY INFORMATION

19. Current Hockey Participation Level:

Houseleague Hub AE/A
AA AAA None

20. Current Hockey Association: _____

21. Current Hockey Team Name: _____

22. Position Played:

forward defense goalie

E. COMMUNITY INVOLVEMENT

23. List any community volunteer involvement:

FOR ANY APPLICANT TO BE CONSIDERED FOR THIS PROGRAM, A REFERENCE LETTER FROM EITHER A COACH OR A TEACHER MUST BE ACCOMPANIED WITH THIS APPLICATION FORM AND A PARAGRAPH FROM THE APPLICANT EXPLAINING WHY HE/SHE SHOULD BE CONSIDERED FOR THIS PROGRAM.

*****All successful applicants will be contacted by the school informing them they have been accepted into Sherwood Secondary's Hockey Canada Skills Academy. If you have any questions please call (905) 383-3377 ext. 240 or 241**