



Rosseau Lake College

1967 Bright Street, Rosseau, Ontario, P0C 1J0
T 705.732.4351 or 800.265.0569, F 705.732.6319
www.rosseaucollege.com

Please enclose two
passport size photographs
of the applicant

**Can be submitted upon
acceptance

A. Application Information

Name of Student: _____
Surname Full given names Preferred Name
Male Female Day Boarding
Birth Date: _____ Entry Grade: (please circle) 7 8 9 10 11 12 Year of Proposed Entry: _____
Day/Month/Year

Student E-mail Address: _____

City & Country of Birth: _____ Citizenship Status in Canada: _____

* If not a Canadian citizen, when did student first enter Canada? (* if applicable) _____

Social Insurance #: _____ Health Insurance #: _____

B. Family Information (please complete in full)

Father Guardian (relationship) _____

Mother Guardian (relationship) _____

Title: Mr. Dr. Other: _____

Title: Mrs. Ms. Dr. Other: _____

Name: _____
Surname Given Name

Name: _____
Surname Given Name

Home Address: _____

Home Address: _____

City: _____ Province: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Postal Code: _____ Country: _____

Home Telephone: () _____

Home Telephone: () _____

Fax: () _____

Fax: () _____

Home E-Mail: _____
(To which ALL communications will be sent)

Home E-Mail: _____
(To which ALL communications will be sent)

Cell Phone: () _____

Cell Phone: () _____

Profession/Occupation: _____

Profession/Occupation: _____

Position: _____

Position: _____

Name of Business/Firm: _____

Name of Business/Firm: _____

City: _____ Province: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Postal Code: _____ Country: _____

Business Telephone: () _____

Business Telephone: () _____

Business Fax: () _____

Business Fax: () _____

Applicant lives with: Both Parents Father Mother Stepfather* Stepmother* Guardian
Other (Please specify) _____

*Please specify the names: _____

B. Family Information continued

Parent Information: Married Divorced Separated Father Deceased Mother Deceased

If parents do not live together, please specify to whom the following should be sent:

Academic Reports to: Both Parents Father Only Mother Only Other (specify & attach address) _____

Financial Statements to: Both Parents Father Only Mother Only Other (specify & attach address) _____

E-Newsletter/Advancement mailings to: Both Parents Father Only Mother Only Other (specify & attach address) _____

Please list any relatives who attend or have attended RLC:

Name/Relationship/Date of Attendance

Please list your child's sibling's name(s) and age(s):

Students whose parents are not living in Ontario must have a guardian in Ontario:

Name of Guardian: _____ Relationship to student: _____

Home Address: _____

City Province Country Postal Code

Email: _____

Home Telephone: () _____ Business Phone: () _____

Fax: () _____ Cellular: () _____

C. Education Information

Student's Current School: _____ Present Grade: _____

(Or last school attended in Ontario)

Address: _____

Street

City Province Country Postal Code

Telephone: () _____ Fax: () _____ E-Mail: _____

Has the applicant ever been subject to discipline or censure at any other school or been dismissed, suspended, etc. from any school? If so, please explain. (Attach additional paperwork if necessary)

Has the applicant ever had learning assistance of any kind? Yes No

If yes, please explain the nature and duration of the assistance and provide a copy of any educational assessments.

To be completed by the student:

Indicate (✓) any active involvement in the following:

VISUAL ARTS	
Drawing	Photography
Painting	Yearbook
Sculpture	Creative Writing
Pottery	Computer Graphics
Model Making	
Other:	_____

Sports	
Basketball	Swimming
Volleyball	Rowing
Rugby	Sailing
Soccer	Tennis
Ice Hockey	Squash
Field Hockey	Badminton
Other:	_____

PERFORMING ARTS	
Piano	Instrumental Music
Choir	Public Speaking
Dance	Debating
Pottery	Stagecraft
Other:	_____

RECREATIONAL	
Golf	Hiking
Skiing	Climbing
Fishing	Canoeing
Snowboarding	Camping
Other:	_____

Admission Agreement

Should you wish to learn more about Rosseau Lake College we would invite you to review the Parent-Student Handbook, the Academic Program, as well as, the Fees and Financial Arrangements.

I confirm that I have disclosed any particulars that may impact the applicant's academic or social success at Rosseau Lake College. Any false or withheld information may lead to a withdrawal of the school's offer of admission.

Mother (or Guardian) Signature: _____

Date: _____

Father (or Guardian) Signature: _____

Date: _____

Thank you for considering Rosseau Lake College.

Please return completed application to:
Rosseau Lake College 1967 Bright Street Rosseau, Ontario, POC 1J0
Fax: 705.732.6319

For Office Use Only
Teacher Reference Form:
Most recent report cards:
Non-refundable application fee:
Photographs of Student: