



HALIFAX GRAMMAR SCHOOL

945 TOWER ROAD, HALIFAX, NS B3H 2Y2

T 902.431.8550 F 902.423.9315

www.hgs.ns.ca admissions@hgs.ns.ca

Application Forms 1 | 2

Canadian Application

Name of Applicant

Family Name: _____

Full Given Names: _____
please circle name used

Gender: Male Female Birthdate: _____
day month year

Desired Year of Entry: _____ To Enter Grade: _____

Present School/Preschool: _____

City/Country of Present School: _____

Please attach a recent photo of the applicant.

Parent Information

Father

Mr. Dr. Other

Name: _____

Home Address: _____

_____ Postal Code: _____

Telephone: () _____

Cell: () _____

Email: _____

Profession or Occupation: _____

Name of Business: _____

Telephone: () _____

Email: _____

Mother

Mrs. Ms. Dr. Other

Name: _____

Home Address: _____

_____ Postal Code: _____

Telephone: () _____

Cell: () _____

Email: _____

Profession or Occupation: _____

Name of Business: _____

Telephone: () _____

Email: _____

Applicant lives with:

Both Parents Mother only

Father only

Other: _____
relationship to applicant

To whom should financial correspondence be sent?

Both Parents Mother only Father only

Other: _____
relationship to applicant

All other correspondence is sent to both parents unless the school is notified by both parents of a contrary agreed arrangement.

_____ *please initial*

Student Profile

Are there any special or unusual circumstances, background information, medical history or other factors (positive or negative) that may be relevant to this application or the applicant’s subsequent performance in school?

Yes No If yes, please explain:

Please indicate special interests, activities, awards, favorite books:

Family Profile

Languages spoken at home besides English, if any: _____

Siblings (in order of birth):

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

All information in this application is strictly confidential. The undersigned grants Halifax Grammar School permission to request and receive confidential information regarding the applicant and to retain such materials in the applicant’s file.

I hereby make formal application to have the previously named accepted as a student at Halifax Grammar School.

Signature of parent or guardian

Signature of parent or guardian

Date

Date

Grammar Affiliation

Relative if alumni: _____

Grade and year of leaving HGS: _____

House: _____

Names and relationship of other children or relatives who are applying to HGS this year:

How did you hear about our school?

- Alumni
- School Family
- Advertisement
- Media Story
- Website
- Other, please specify: _____

Financial Aid:

Please send me information and applications for:

- Scholarships
- Bursaries

Please return this application form along with:

- Photo
- Copies of report cards
- Certificates
- Educational evaluations
- Non refundable \$125 application fee

to **Admissions Office**
Halifax Grammar School
945 Tower Road
Halifax, NS B3H 2Y2