All applicants must arrange for and complete an interview NAME:_____STUDENT NUMBER:_____ PHONE NUMBER:_____ ADDRESS: ____ SCHOOL CURRENTLY ATTENDING: _____ DATE OF BIRTH: ____ PARENTS/GUARDIANS:_____ MEDICAL CONCERNS: TSHIRT SIZE: E-MAIL: **ACADEMIC HISTORY: include your grade 9 and grade 10 semester one grades **GR.9-** COURSE MARK EFFORT GR.10- COURSE MARK **EFFORT EXTRA-CURRICULAR INVOLVEMENT:** Parental Approval: In order for EXPLORE to run successfully parents will be expected to be involved in and help coordinate fundraising activities. The course fee is \$800.00 . A \$400.00 non-refundable deposit must be included with this application (cashed at end of June if accepted). Please make cheques payable to "Georges P. Vanier Secondary School". I,_____, grant permission for my son/daughter to apply for entrance into the EXPLORE PROGRAM. SIGNED ___

Signature

Please Print Name

PERSONAL STATEMENT:

1. EXPLAIN WHY YOU WOULD LIKE TO BE INVOLVED IN THE EXPLORE PROGRAM
2. WHAT SKILLS, ABILITIES AND ATTRIBUTES DO YOU POSSESS THAT MAKE YOU A GOOD CANDIDATE FOR EXPLORE.
REFERENCES: (REFEREES PLEASE WRITE DIRECTLY ONTO THIS FORM.) TEACHER:
COMMUNITY MEMBER: