



Try our school for a day!

Preferred date of visit: _____ * To be confirmed by Summit Academy

STUDENT INFORMATION

Name: _____

Gender: Male Female Age: _____ Current Grade: _____

Date of Birth: _____ / _____ / _____
D/M/Y

School currently attending: _____

Allergies/Medications/Medical Conditions: _____

Students grade 3 to 8 - which program would you like to try?

Hockey Soccer Dance Basketball IGNITE

PARENT INFORMATION

Parent/Guardian #1

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Telephone: _____

Mobile Telephone: _____

Work Telephone: _____

Email Address: _____

PARENT INFORMATION

Parent/Guardian #2

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Telephone: _____

Mobile Telephone: _____

Work Telephone: _____

Email Address: _____

How did you hear about Summit Academy?

- Summit Academy Parent
- Summit Academy Student
- Summit Academy Staff
- Summit Academy Website
- Summit Academy Facebook Page
- Another Facebook Page or Social Media Platform: _____
- Other Summit Academy Advertising: _____
- Other: _____