**Wood Street Centre – Programs Application**

*Please print clearly*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns (optional): \_\_\_\_\_\_\_\_

Date of Birth (Month / Day / Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_

Student Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Indigenous? **Y** [ ]  **N** [ ]

|  |  |
| --- | --- |
| Parent 1 Name:Click or tap here to enter text. | Parent 2 Name:Click or tap here to enter text. |
| Phone:Click or tap here to enter text. | Phone:Click or tap here to enter text. |
| Email:Click or tap here to enter text. | Email:Click or tap here to enter text. |

**NOTE:** Students may only apply to either the French or English section of the same course …

Grade 9:  PASE **or** OPES

Grade 10:  FACES **or** ACES

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ PASE 9 | OR | \_\_\_\_\_ OPES 9 |
| \_\_\_\_\_ FACES 10 | OR | \_\_\_\_\_ ACES 10 |
|  |
| \_\_\_\_\_ CHAOS 10 |
| \_\_\_\_\_ CHAOS 11 |
| \_\_\_\_\_ ES 11 |
| \_\_\_\_\_ MAD 9 / 10 |
| \_\_\_\_\_ MAD 11 / 12 |

If applying for more than one program, number by preference.

Please email this application to: applications-WSC@yukon.ca

Subject line: APPLICATION: Last Name, First Name