

## Gillespie Academy Student Application Form

Please provide the following information using BLOCK LETTERS.

#### **Personal Information**

Name of Applicant:			
Surname	First Name	Middle Name	
Mailing Address:			
Street Address			
City/Town	Province/State	Postal/Zip Code	
Contact Information:			
Home Phone	Cell Phone	Email	
Emergency Contact (While atte	ending school):		
Name	Phone		
Additional Information:			
Date of Birth (MM/DD/YYYY)	Male/Female	Church Affiliation	
Marital Status	Citizenship		
<b>Educational History</b>			
Date of High School Completion:			
High School(s) Attended/Homeschool Programme(s):  (Please provide approximate dates for each)			
Accommodations			
Would you require student hous	sing for the school year?	$\square$ Yes	
		$\square$ No	



Please provide the following information using BLOCK LETTERS and provide a pre-addressed, stamped envelope to your referee.

#### Part 1: To be completed by the applicant

Name of Applicant:		
Surname	First Name	Middle Name
Mailing Address:		
Street Address		
City/Town	Province/State	Postal/Zip Code
Contact Information:		
Home Phone	Cell/Business Phone	Email
Name & Relationship of person	n providing the reference to the	applicant:
Name	Relationship (Pastor or Elder)	
Applicant's waiver of	rights to access confid	dential content:
	thts of access to any information the dagree that the form shall remain	
Signature of Applicant		

After completing the required information above, please attach this page to the following three pages and give all four pages to the person you have chosen to provide a pastoral reference for you. When they have finished completing their part, they are requested to place the papers in a sealed envelope, sign their name across the seal, and then send it in the mail to the Academy. THE FORM SHOULD NOT BE RETURNED TO THE APPLICANT.



Please provide the following information using BLOCK LETTERS and provide a pre-addressed, stamped envelope to your referee.

### Part 2: To be completed by the individual providing the reference

Name:	Church Affiliation:	Relation ( <i>Pastor/Elder</i> )
	Girar Cirrininacioni	Relation (1 astor) Liaci
Mailing Address:		
Street Address		
City/Town	Province/State	Postal/Zip Code
Contact Information:		
Home Phone	Cell/Business Phone	Email
thoroughly. All records are held your assessment of the applicar sealed envelope and sign your r Vansittart Ave, Woodstock, ON,	in strict confidence and we nt's strengths and weaknesse name across the seal, then ma N4S 6E1 or email it to admin	-
In what context have you kno	wn the applicant?	
How well do you know the appl Casually Well Very Well Other	icant?	
To the best of your knowledge, with Jesus Christ?  Yes  No  I don't know  (A		o have a personal relationship

#### [Part 2 Continued]

Please tick the best answers (in your opinion) to the following in relation to the applicant's growing character and walk with Christ. Write a short explanation in the space provided.

	Not observed	Weak	Fair	Good	Outstanding
Love for Scripture					
Desire for Fellowship / Accountability					
Consistency in Spiritual Growth					
Humility					
Self-Control					
Teachable Spirit					
Integrity					
Responsibility					
Please describe the applicant's involv	ementin Church	n activitie	es:		
Please comment on the applicant's ab	ility to handle st	ressful s	ituations:		
Describe the applicant's social maturi	ty and considera	ation for	others:		

[Part 2 Continued]

Based upon my assessment of the applicant's	s walk with Christ, I would
Highly Recommend Recommend Recommend with Reservation Not Recommendthat the applicant pursues studies at Gilles	spie Academy ( <i>please explain</i> ):
Signature	Date



Name of Applicant:

#### Gillespie Academy Academic Reference Form

Please provide the following information using BLOCK LETTERS and provide a pre-addressed, stamped envelope to your referee.

#### Part 1: To be completed by the applicant

PP		
Surname	First Name	Middle Name
Mailing Address:		
Street Address		
City/Town	Province/State	Postal/Zip Code
Contact Information:		
Home Phone	Cell/Business Phone	Email
Name & Relationship of person	n providing the reference to the a	applicant:
Name	Relationship ( <i>Teacher/Principal</i> )	Church Affiliation
Applicant's waiver of	rights to access confid	lential content:
	hts of access to any information the dagree that the form shall remain	
Signature of Applicant		

After completing the required information above, please attach this page to the following three pages and give all four pages to the person you have chosen to provide a pastoral reference for you. When they have finished completing their part, they are requested to place the papers in a sealed envelope, sign their name across the seal, and then send it in the mail to the Academy. THE FORM SHOULD NOT BE RETURNED TO THE APPLICANT.



# Gillespie Academy Academic Reference Form

### Part 2: To be completed by the individual providing the reference

Name:	Relation (Teacher/Principal)	Church Affiliation
Mailing Address:		
Street Address		
City/Town	Province/State	Postal/Zip Code
Contact Information:		
Home Phone	Cell/Business Phone	Email
thoroughly. All records are how your assessment of the application sealed envelope and sign you	nments, please take the time to compeld in strict confidence and we ask you cant's strengths and weaknesses. When name across the seal, then mail it to DN, N4S 6E1 or email to admin@gilles	ou to be frank and objective in en finished, please place it in a o: Gillespie Academy, 15
In what context have you k		
How well do you know the ap  Casually Well Very Well Other	pplicant?	

### Gillespie Academy Academic Reference Form

[Part 2 Continued]

Please tick the best answers (in your opinion) to the following in relation to the applicant in an academic setting compared to their peer group. Write a short explanation in the space provided.

	Not Observed	Weak	Fair	Good	Outsta	anding
Intellectual Curiosity						
Response to Criticism						
Self-Direction						
Persistence to Task / Perseverance						
Respect / Kindness for Others						
Academic Honesty						
Social / Emotional Maturity						
Time Management						
Please tick the best answers (in your op academic skill/competency compared to provided	•	_				
	Not observed	l Wea	ak	Fair	Good	Outstanding
Oral Expression			]			
Written Expression			]			
Critical Thinking			]			
Logical Analysis			]			
Recognition of Key Themes			]			

### Gillespie Academy Academic Reference Form

### [Part 2 Continued]

Please highlight the applicant's specific academic strengths/abilities.
Please comment on specificareas for potential academic growth.
Please comment on the applicant's ability to handle academically challenging situations.
Based upon my assessment of the applicant's walk with Christ, I would  Highly Recommend Recommend Recommend Recommend with Reservation
Not Recommend
that the applicant pursues studies at Gillespie Academy (please explain):
Signature Date