



Harrington College of Canada

Where the Serious Hockey Player Goes to School

Applying to Harrington College

Please complete and return the following application forms:

1. Applicant and family information form
2. Applicant Interests and personal Statement

Include the following with your application form:

1. Medical certificate
2. Copy of birth certificate and/or passport
3. Liability waiver

Call the admissions Office at 450-415-0656 to arrange an interview at the school.

We will send you an acknowledgment when your application is complete.



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Applicant and Family Information

Applicant Information

Applicant name (first/ middle/ last):

Preferred name:

Applicant email (this email will be used for official correspondence):

Date of birth (mm/dd/yy):

Country of birth:

Citizen of:

Mother tongue:

Home address (number / street):

Apartment#/suite:

City / town:

Province/state:

Postal code/zip code:

Country:

Home telephone:

Mailing address (if different than above):

Current School Information

Name of your present school:

School address:

Type of school: ___ Public ___ Private ___ Parochial ___ Boarding ___ Home School

Your current grade: ___ 4th ___ 5th ___ 6th

List schools attended by the applicant during the last three years:

Years attended

School

School address

Has the applicant repeated or skipped a grade during his /her schooling?

___ Yes ___ No If yes, please explain:

List the most important factors that led you to inquire about Harrington College of Canada:

Parent / Guardian Information (To be completed by the applicant's parents / guardians)

1600 Chemin D'Oka, Oka, Quebec, J0N 1E0 CANADA • Tel.: 450.415.0656 • Fax: 450.415.0659



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Please indicate the applicant's parent's status:

Married Separated Divorced Father deceased Mother deceased

Please indicate with whom you reside: (check all that apply)

Both parents Father Mother Stepfather Stepmother Other*

Who serves as your legal guardian(s)? Both parents Father Mother Other*

* If Other, please provide your legal guardian's information:

Relationship to Applicant:

Name (first, middle, last):

Address (number/street):

(apartment#/suite):

(city/town):

(province/state):

(postal code/zip code):

(country):

Parent 1 name & relationship to applicant

Parent 2 name & relationship to applicant

(first, middle, last):

(first, middle, last):

Address:

Address:

Daytime telephone:

Daytime telephone:

Email:

Email:

Occupation:

Occupation:

Title:

Title:

Employer's Name:

Employer's Name:

Employer's address:

Employer's address:

Work telephone:

Work telephone:

Place of birth:

Place of birth:

Education (as applicable)

Education (as applicable)

College name:

College name:

Degree/diploma earned:

Degree/diploma earned:

Applicant signature:

date:

Parent / Guardian signature:

date:



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Applicant's Interests and Personal Statements

This section should be completed by the Applicant only and should be signed and dated.

Applicant's full name (first / middle / last):

Date of birth:

Applying to enter grade:

Applying to enter fall of:

Current hockey team/level:

Position:

What makes you an elite hockey player?

What is your greatest strength?

What is your greatest weakness?

If you could sit down with any hockey player, who would it be? What would you talk about?



WAIVER OF CLAIM

The “Parent” and the “Student” hereby acknowledge that “Harrington College of Canada” provides a variety of programmes, including regional, national and international travel, as well as a broad range of extra-curricular and experiential education activities. One such activity, ice hockey, is an extremely dangerous activity that the “Student” will engage in and the “Parent” and “Student” hereby acknowledge such risk. In recognition of the foregoing and without limiting such programs to the above mentioned, the “Parent” and the “Student” hereby agree that “Harrington College of Canada” or its personnel or agents assume no legal responsibility whatsoever for any injury, loss, expense, damage, cost or charge of whatever kind to the property of the “Student” or of the “Parent”, nor any other incidental or consequential loss, expense, damage, cost or charge arising out of any programme or activity while the “Student” is attending or participating in any such Programme or Activity.

Parent’s signature:

Date:

Student’s signature:

Date:

Witness’ signature:

Date: