



Office use only: Date received: _____

Start Date: Sept. _____ Grade: _____

Sibling applying: Name: _____

Date to start: _____

A.P.P.L.E. PROGRAM APPLICATION FORM

Child's Name: _____ **D.O.B:** _____

Sibling(s) also applying (name): _____ **D.O.B:** _____

(name): _____ **D.O.B:** _____

Parents/Guardians Name: _____ **E-Mail:** _____

Address: _____ **Phone: (H)** _____ **(W)** _____

Parents/Guardians Name: _____ **E-Mail:** _____

Address: _____ **Phone: (H)** _____ **(W)** _____

How did you hear about the **A.P.P.L.E.** Program? _____

Why do you want to be involved in the **A.P.P.L.E.** Program?

Do you understand the commitment required and will you be able to volunteer 10 hours per month of your time in the classroom and/or on a committee? Yes / No

What if any activities, or support does your child have in place? _____

What school are you currently zone for _____

May we provide your contact information to our Green APPLE Mentor Program Co-ordinator? Yes No

Parents/Guardians Signature:

1. _____ **Date:** _____ 3. _____ **Date:** _____

2. _____ **Date:** _____ 4. _____ **Date:** _____

If you wish to apply to the **A.P.P.L.E Program**, please complete this form and return to:

**A.P.P.L.E. Program C/O:
Arthur Ford Public School
617 Viscount Road
London, Ontario
N6J 2Y4
Attn: Registrar**