



SARDIS GOLF ACADEMY

APPLICATION 2017-18



PART 1

REGISTRATION

Student Name	Last:	First:	Student #:
(√) Grade	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	Current School:	
(√) Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
Date of Birth	Year:	Month:	Day: AGE:
Home phone number			
Cell phone number			
Student Email address	@		
Parent Email address	@		
Home Address			Postal:
Residing with			
Health Care Card #			
Family Doctor			Phone#:
Emergency Contact			Phone#:

SIGNATURES: By signing this document, parents:

- ✓ Give permission for their son/daughter to participate in the Sardis Golf Academy
- ✓ Submit a non-refundable \$200 application/administration fee with this Application Form
- ✓ Ensure that son/daughter has appropriate medical coverage
- ✓ Agree to pay the remaining fee of \$1800 (√ payment options: cash, cheque, debit or credit card or online at <https://www.studentquickpay.com/sd33/>)
- ✓ Own a Junior Membership at Chilliwack G&CC

Student	
Parent	
Date	
School of Record for 2017-2018	

FOR OFFICE USE ONLY

<input type="checkbox"/> PART 1 Registration <input type="checkbox"/> PART 2 Commitment <input type="checkbox"/> \$200 Registration fee	<input type="checkbox"/> SSS Registration Form (if cross-enrolled) <input type="checkbox"/> Birth Certificate (if applicable) <input type="checkbox"/> Date and Time of Application _____
<input type="checkbox"/> Remaining fees submitted	<input type="checkbox"/> Cross-enrolled / Pre-transitioned



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PART 2

APPLICANT COMMITMENT

As a participant of the Sardis Golf Academy, I am expected to adhere to the Code of Conduct for student behaviour as required by both Sardis Secondary School and the Chilliwack Golf and Country Club. I understand that I may be attending the Academy, and that I may be able to return to my home school for the remainder of my classes. My home school is *(circle one)*: [SSS](#); [CSS](#); [FVDES](#); [GWG](#) for the remainder of my classes. I understand that my application will be reviewed and contact will be made with my home school for reference purposes. The Academy reserves the right to make the final decision for acceptance of my application.

If accepted to the Academy, I am required to provide my own golf equipment including clothing/footwear for all weather conditions. I understand that to participate in the academy, if I am not already a member, [I need to purchase a junior membership at the Chilliwack Golf and Country Club for \\$315 and Club storage fee of \\$320.](#) The program runs for the second semester, February to June. I will carry the appropriate medical/accident insurance.

Since academics and work habits are key components of the Academy, I understand that I am expected to maintain a minimum of a 2.0 GPA in my courses for each term of the school year and achieve “G” or “S” for work habits. The Academy reserves the right to withdraw me from the program if I do not maintain these standards.

I, *(student's name)*_____ agree to the conditions outlined within this commitment. I understand that if I do not fulfil my commitment, I may be asked to withdraw from the Academy.

Please complete: this information will be kept on file at SSS

I am applying to the Sardis Golf Academy for the following reasons:

Student Signature	
Parent Signature	
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