

SCHOOL APPLICATION FORM
P.A.R.T.Y. Program Calgary

Phone: 403-944-4099

Fax: 403-270-9416

SCHOOL YEAR APPLYING FOR:

SCHOOL NAME:

PRIMARY CONTACT:

Will be same next year? Yes No
If No, please add name of contact

E-MAIL ADDRESS:

SCHOOL ADDRESS:

CITY:

POSTAL CODE:

PHONE #

(Ext#)

FAX #

Total Grade 9 Student Population for application year:

**Number of Students to attend
an In-Hospital Session (Max 55) :**

**Number of Students to attend
an In-School Session:**

Preferred Date(s) :

Are there any date(s) that will not work for you:

The Following Section for P.A.R.T.Y. Use Only

Date Received:

Confirmation Email Sent:

Comments:

In-Hospital Date(s): _____

In-School Date: _____

Number: _____

Number: _____

Waiting List: