# Recommendation Form

**SPORT-ÉTUDES PROGRAM**

Discipline/Sport: _____ Secondary: 1, 2, 3, 4, 5

## Student Information

Student's full name (last name, first name): _____

Date of birth (YYYY/MM/DD): _____ / _____ / _____ Sex: Female ☐ Male ☐

## Parent / Guardian #1 Information

Full name (last name, first name): _____

Address: _____

City, Province and Postal Code: _____ _____ _____

Email address: _____

_____ - _____ - _____ _____ - _____ - _____ _____ - _____ - _____

Home phone: Cell phone: Work phone: Ext. _____

## Parent / Guardian #2 Information

Full name (last name, first name): _____

Address: _____

City, Province and Postal Code: _____ _____ _____

Email address: _____

_____ - _____ - _____ _____ - _____ - _____ _____ - _____ - _____

Home phone: Cell phone: Work phone: Ext. _____

## Authorized Representative Section

I accept the student into the program: Yes ☐ No ☐ Date of evaluation : _____

Athlete information: 1 - AAA ☐ 2 - AA ☐ 3 - A ☐ 4 - B / C ☐

Level and position:

Level: _____ Position: _____

Discipline / Sport representative's full name: _____

Discipline / Sport representative's signature: _____ Date: _____