



THE KING'S SCHOOL

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www.thekingsschool.ca

APPLICATION FORM

Include with this form:

- \$100 non-refundable application fee
- Copy of student's birth certificate
- Most recent report card

STUDENT INFORMATION					
Legal Last Name		First and Middle Name		Grade Enrolling In _____ Enrollment Date (mm/yyyy) _____	
Preferred Last Name <i>(if different)</i>		Preferred First Name <i>(if different)</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Telephone #		Birth Date (mm/dd/yyyy)		Citizenship <input type="checkbox"/> Canadian <input type="checkbox"/> Other Specify _____	
If not Canadian citizen, please indicate <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Visa Student					
Birth Country _____ Date Entered Canada (mm/dd/yyyy) _____					
Languages spoken at home		Other languages		Permission for contact info to be used by Parent Advisory Committee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous School Name and Address					
PARENT INFORMATION					
Mother's Last Name			Mother's First Name		
Mother's Telephone Home		Work		Cell	Email Address
Mother's Street Address			City & Province		Postal Code
Father's Last Name			Father's First Name		
Father's Telephone Home		Work		Cell	Email Address
Father's Street Address			City & Province		Postal Code
Student Lives With <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <i>If applicable, a copy of legal custody documents must accompany this application.</i>					
GUARDIAN INFORMATION					
Guardian's Last Name			Guardian's First Name		
Guardian's Telephone – Home		Work		Cell	Email Address
Guardian's Street Address			City & Province		Postal Code
EMERGENCY CONTACT (different from parent/guardian)					
Name	Phone Number(s)	Relationship to Student	Available Daytime:	Lives with Student:	Aware of this responsibility:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER INFORMATION (Use this space, or attach additional papers with other information you consider relevant to the application process):					

MEDICAL INFORMATION

Family Doctor	Phone Number
MB Medical Number (9-digit) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MB Medical Number (6-digit) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Does the student have a Unified Referral & Intake System (URIS) form on file with another school or Public Health? Yes No

Significant Illnesses (*Check Yes or No. If Yes, add comment and supporting documentation or information*):

Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
EpiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Bleeding Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Vision/Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____

STUDENT SUPPORT SERVICES

Has your child had any involvement with any of the following services? *If yes to any, please see consent of information below.*

Resource	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Clinician	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychology	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech and Language	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child in Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outside Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Agency/Support Service	Contact Person
Reason for Service	Phone Number
Name of Agency/Support Service	Contact Person
Reason for Service	Phone Number

I give consent for information to be exchanged between a support agency listed above and The King's School in regarding my child's speech, language, intellectual, emotional & social development and educational, psychiatric, hearing or health needs. I may withdraw this consent at any time by notifying the school in writing. Initial to the right:

TERMS AND CONDITIONS OF REGISTRATION (*Policies below available on www.thekingsschool.ca or by paper upon request.*) **Initial:**

I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.	
I have read and understood the 'Code of Conduct Policy' and understand its terms and conditions. I agree to abide by these terms and conditions and support The King's School staff as it seeks to carry them out.	
I have read and understood the 'Tuition Policy' and understand its terms and conditions. I agree to abide by these terms and conditions and support The King's School staff as it seeks to carry them out.	
I have read and understood the 'Uniform Policy' and understand its terms and conditions. (Mark N/A for Preschool). I agree to abide by these terms and conditions and support The King's School staff as it seeks to carry them out.	
I give permission for my child to go on walking trips around the school and to local facilities (within 2 km).	
Within a student's educational program, they may be photographed and taped; have their work displayed; have their work reproduced for non-profit, educational purposes. Their production of work(s) may be shown at educational displays during school events or Board approved off-campus events and in school publications. Check one and initial to the right: _____ I give my consent to the information disclosures as described above. _____ I do not give my consent to the information disclosures as described above.	
I authorize the staff at the school to call an ambulance in the case of accident or illness of my child if I cannot be reached immediately; or for school staff to transport them in a private vehicle if deemed necessary; and I give consent for my child to receive emergency medical treatment.	

Print Name: _____ Signature: _____ Date: _____