



# Holy Trinity Roman Catholic Separate School Division No. 22

## Prekindergarten Application

School: \_\_\_\_\_ Today's Date: Month/Day/Year

Parent Preference (Morning and afternoon programs will be balanced **if there are two daily programs** in the school)

Prekindergarten: AM  PM  (Sacred Heart and St. Agnes Schools)

Has your child ever attended any other HTCSD School?  Yes  No

Name of Previous School: \_\_\_\_\_

### Student Information

Student's Legal Last Name:	Student's Legal First Name:	Student's Legal Middle Name:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: Month / Day / Year	Student's Birth Country:
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Birth Certificate provided

Baptized:  Yes  No (If yes please provide copy of baptismal certificate)

Primary Phone:

Mailing Address:	Postal Code:	City:
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Physical Home Address:(Rural: include land description)

### Parent/Guardian 1

### Parent/Guardian 2

Last Name:

Last Name:

First Name:

First Name:

Address:  Same as above

Address:  Same as above

Postal Code:

Postal Code:

Primary Phone #:

Primary Phone #:

Work Place:

Work Place:

Work/Other Phone #:

Work/Other Phone #:

Email:

Email:

### Special Situations

List any medical/allergy situations:

Documentation has been attached to this form

Child resides with:  Father  Mother  Both  Other: \_\_\_\_\_

Languages Spoken:

How Long has student been exposed to English?

Outside Agency Support:

Voluntary Declaration:  First Nations  Métis

1st Country of Citizenship:

2nd Country of Citizenship:

Resident Type  Canadian Citizen  Refugee  Permanent Resident  
 Temporary Resident  Student/Visitor Visa

### Child Care Provider/Daycare Facility

Name:	Address:
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Primary Phone #:	Other Phone #:
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Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relationship to student:	Relationship to student:
Primary Phone #:	Primary Phone #:

**Sibling Information (optional)**

Do you have other children attending or will be attending Holy Trinity Catholic School Division?  
 Yes  No

Name	Age	Name	Age

**Religion:**

Who is Catholic?     Mother     Father     Child   
Student has been: Baptized     Received 1<sup>st</sup> Communion     Confirmed

**If Religion is other than the Catholic Faith please sign the following acknowledgement:**

I wish to have my child/children attend a Catholic school. My primary motive is to have my child/children participate in the spiritual formation and atmosphere of the Catholic school. I agree to comply with and support, to the best of my ability, the vision, mission, and covenant of shared values of the school division, the Religious Education program, and the religious celebrations of the Catholic school.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Use of Student Work and Personal Information Parent/Guardian Permission Form**

I agree that the Holy Trinity Catholic School Division may use the work produced by my child and/or images/commentary of my child with or without my child’s name for any lawful purpose, including, for example such purposes as publicity, illustration, promotion and internet content without payment for the following purposes. (***Please check purposes for which you agree to provide permission.***)

- For education purposes in the school community
- For the public media including the internet
- Class Lists

**I have read and understand the above and hereby consent to the collection and use of information as indicated above.**

Parent/Guardian Name: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This consent shall remain in effect as long as the student is registered with Holy Trinity Catholic School Division and needs to be signed only once.**

**Notification Regarding Yearbook/Class Photo**

Your child’s picture will be taken and included in the school yearbook/class photo. If you wish to **opt out**, please contact the Principal of your child’s school.

**If situations arise that cause you, as a parent, to be concerned about your child’s privacy or safety, with respect to the potential use(s) of his or her personal information as outlined above, please contact the school principal immediately to make changes to your permissions.**

**Out of School Excursions (Parents are to inform school if situation changes)**

Many learning opportunities happen within the community and surrounding vicinity. This consent form has been developed to ensure that parents/guardians are aware that students may, from time to time, leave the school grounds during the day. Students will always be under the direction of a teacher during such excursions and normally would be walking or in a school division vehicle. Examples of such excursions would be to cross country ski, visit the library, Cultural Centre, Post Office, retirement home, etc...

Parents/Guardians will be informed of excursions before they occur.

I hereby consent that my child \_\_\_\_\_ may be taken on community excursions authorized by Holy Trinity Catholic School Division.

Parent/Guardian Name: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only :</b>	<b>Notes:</b>
Principal Signature _____	Date: _____