



ST. IGNATIUS SCHOOL

New Student Application Form

FOR OFFICE USE ONLY:

Application Date: _____
 Interview Date: _____
 Interview Time: _____
 Acceptance Date: _____
 Parish Envelope #: _____

PLEASE PRINT

Full Legal Name _____ Gender _____
Surname Given Name(s) Common Name (if different from Given Name)

Applying for Grade _____ Date of Birth _____ MET No. _____
Day Month Year

Requesting before and after school supervision _____ Yes _____ No

Student Address _____
Street City/Town Postal Code

Currently residing in Public School Division _____

Religion _____ Place of Worship _____ Pastor / Clergyman _____

Sacraments Received: (MONTH / YEAR) _____ Baptism _____ First Communion _____

_____ Reconciliation _____ Confirmation _____

Current School (if applicable) _____ Address _____ Grade _____

<input type="checkbox"/> (✓) FATHER _____ <small>Surname</small>	<input type="checkbox"/> (✓) LEGAL GUARDIAN _____ <small>Given Name</small>
Address _____	
City/Town _____	
Phone #: Home: _____	
Business: _____ Cell: _____	
Email _____	
Occupation _____	
Employer's Name _____	
Business Address _____	
Father's / Guardian's Religion _____	

<input type="checkbox"/> (✓) MOTHER _____ <small>Surname</small>	<input type="checkbox"/> (✓) LEGAL GUARDIAN _____ <small>Given Name</small>
Address _____	
City _____ Postal Code _____	
Phone #: Home: _____	
Business: _____ Cell: _____	
Email _____	
Occupation _____	
Employer's Name _____	
Business Address _____	
Mother's / Guardian's Religion _____	

Emergency Contact 1 (other than parent):

Name _____ Relationship to Child _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

Emergency Contact 2 (other than parent):

Name _____ Relationship to Child _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

(OVER)

Student lives with: ___ Both Parents ___ Mother Only ___ Father Only ___ Guardian ___ Other

Custody: ___ Both Parents ___ Mother Only ___ Father Only ___ Guardian ___ Other

School reports / general mailings / notices should be sent to: ___ Parents / Guardians ___ Mother ___ Father

School age siblings: _____ (NAME / GRADE / SCHOOL)

_____ (NAME / GRADE / SCHOOL)

_____ (NAME / GRADE / SCHOOL)

Aboriginal Identity: *(Completion optional for Manitoba Education, Training & Youth)*

If Aboriginal, you may select up to 3 identities.

- | | | | |
|--------------------|--|------------------------|-------------------|
| ___ Not Aboriginal | ___ Aboriginal - Uncertain of Ancestry | | |
| ___ Anishinaabe | ___ Ininiw (Cree) | ___ Dene (Sayisi) | ___ Dakota |
| ___ Oji-Cree | ___ Michif | ___ Michif-Cree | ___ Michif-French |
| ___ Michif-Ojibway | ___ Inuktituq | ___ Aboriginal - Other | |

Skills or services your family could offer to St. Ignatius School:

Student is receiving additional support for learning; explain.

Medical Information:

Manitoba Health Registration # (6digit) _____ Personal Health ID # (9 digit) _____

Physician's Name _____ Doctor's Office Phone No. _____

Additional Health Coverage (Blue Cross, etc.) _____

Please indicate any Health Care needs:

- My child is NOT experiencing any health problems at this time.
- Asthma Anaphylaxis Seizure Disorder Allergies (identify) _____
- Disabilities _____
- Medication _____
- Other _____

With this application I / we accept the following:

- The Policies, Rules and Regulations as stipulated in the St. Ignatius School Handbook (see website).
- The right of Administration to discipline or dismiss a student whose conduct warrants such action.

Signature of Parent(s)/Guardian(s)

Date

PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION:

- Your child's most recent progress report (except kindergarten)
- Copy of child's birth certificate
- Copy of child's Baptismal certificate
- Application Fee - \$50 (max \$75 per family) (non-refundable)
- Custodial documentation (if applicable)