



ST. IGNATIUS SCHOOL

New Student Application Form

FOR OFFICE USE ONLY:

Application Date: _____

Interview Date: _____

Interview Time: _____

Acceptance Date: _____

☐ Main Campus ☐ Satellite Campus

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 _____

____ (✓) FATHER	____ (✓) LEGAL GUARDIAN
_____ <small>Surname Given Name</small>	
Address _____	
City _____ Postal Code _____	
Phone #: Home: _____	
Business: _____ Cell: _____	
Email _____	
Occupation _____	
Employer's Name _____	
Business Address _____	
Father's / Guardian's Religion _____	

____ (✓) MOTHER	____ (✓) LEGAL GUARDIAN
_____ <small>Surname 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) _____
- ☐ Inhaler (circle: used at school/only at home) ☐ Epipen ☐ Other medication (identify) _____
- ☐ Disabilities/Diagnosis _____

Has the student ever been referred to or received any of the following:

- ☐ Occupational Therapy ☐ Speech and Language Development ☐ Psychology Services ☐ Resource Programming
- ☐ Other (Please Specify): _____

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)
- ☐ Reference Letter (Grade 1 - 8)
- ☐ Copy of child's birth certificate
- ☐ Canadian Documentation (If Birth Certificate is not Canadian)
- ☐ Copy of child's Baptismal certificate
- ☐ Application Fee - \$50 (max \$75 per family) (non-refundable)
- ☐ Custodial documentation (if applicable)