



# HOLY GHOST SCHOOL APPLICATION FOR ADMISSION

319 Selkirk Avenue  
Winnipeg, Manitoba R2W 2L8  
Tel: 204-582-1053 Fax: 204-582-4870  
Email: schooloffice@holyghostschool.ca

### OFFICE USE ONLY:

Date Received \_\_\_\_\_

Cash \$ \_\_\_\_\_ Cheque \$ \_\_\_\_\_

Received By: \_\_\_\_\_

Support Documents Received:

Previous Report Card       Immunization Record

Birth Certificate       Baptism Certificate

**Application For Grade** \_\_\_\_\_

**School Year** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
Surname First Middle Preferred First Name

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
dd mm yr

Home Address \_\_\_\_\_  
Street City Province Postal Code

Home Telephone Number \_\_\_\_\_ Unlisted?: Yes \_\_\_\_\_ No \_\_\_\_\_

Current School: \_\_\_\_\_ School Address: \_\_\_\_\_

School Division where student resides: \_\_\_\_\_

### Citizenship or Immigrant Status:

\_\_\_\_\_ Canadian Citizen    \_\_\_\_\_ Permanent Resident (attach documentation)    \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Is English the Second Language for this student?    \_\_\_ Yes    \_\_\_ No

Student's primary language at home?(specify) \_\_\_\_\_

\_\_\_\_\_ Mr.    \_\_\_\_\_ Dr.    \_\_\_\_\_ Other

Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email\* \_\_\_\_\_

Stepmother's Full Name (if applicable) \_\_\_\_\_

\_\_\_\_\_ Mrs.    \_\_\_\_\_ Ms.    \_\_\_\_\_ Dr.    \_\_\_\_\_ Other

Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email\* \_\_\_\_\_

Stepfather's Full Name (if applicable) \_\_\_\_\_

\* The email address provided above should be the one that may be used by school staff for important communication.

**Sublings**

\_\_\_\_\_  
(NAME / AGE / SCHOOL)

\_\_\_\_\_  
(NAME / AGE / SCHOOL)

\_\_\_\_\_  
(NAME / AGE / SCHOOL)

Student's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_ Father's Religion \_\_\_\_\_

Name of Current Parish/ Religious Institution \_\_\_\_\_

Name of Current Pastor \_\_\_\_\_

Student's Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Parish/Place \_\_\_\_\_  
dd mm yr

First Communion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Parish/Place \_\_\_\_\_  
dd mm yr

Confirmation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Parish/Place \_\_\_\_\_  
dd mm yr

**Medical Concerns and Emergency Information:**

Manitoba Health Insurance Registration Number: \_\_\_\_\_ PIN Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Applicant has life threatening allergy: \_\_\_\_\_ YES \_\_\_\_\_ NO Applicant carries an Epipen: \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Allergen(s): \_\_\_\_\_

Does your child have any diagnosed learning disabilities or medical conditions /problems the school should know about that may or may not require a special program of studies such as an IEP or other form of accommodation in the classroom? If so, please explain:

**Emergency Contact Person (other than parent/guardian):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Guardianship, Custody or Access Rights**

Guardians of the student must be identified to ensure each party's rights are respected. If an order exists affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. In rare instances a child may be designated as "protected" if a court issues a restraining order.

Please indicate if any such document(s) exist: \_\_\_\_\_ NO \_\_\_\_\_ YES

Legal Custody: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_ Other (Specify) \_\_\_\_\_

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

**Before & After School Program**

**Type of Care Required:** \_\_\_\_\_ A.M Only \_\_\_\_\_ P.M Only \_\_\_\_\_ Both A.M & P.M \_\_\_\_\_ Casual

**Frequency Required:** \_\_\_\_\_ Full Time (M-F) \_\_\_\_\_ Part Time (1-4 days per week) \_\_\_\_\_ Casual

\* A Before and After School Program registration form must be completed and submitted to the school prior to the first day that your child will be attending the program

**Applicant's Personal Statement - to be completed by student**

**(for Kindergarten students, please help answer questions that are applicable)**

<b>PART 1</b>	<b>ACADEMICS</b>
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What was your approximate previous grade average? \_\_\_\_\_ % or \_\_\_\_\_ Letter

Do you currently use a daily planner (agenda)? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain how you keep yourself organized for tests, assignments, extracurricular activities:

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If we were to contact your current school, what would your teachers tell us about you?

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Were any of your subjects modified/adapted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which subjects were adapted / modified?

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Did you receive support from a Resource Teacher or an Instructional Assistant in your last school? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have, please explain the type of support you received:

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What is your favourite thing about school? \_\_\_\_\_

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What do you like least about school? \_\_\_\_\_

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What are your strongest subject areas? \_\_\_\_\_

What subject area (s) require improvement? In what way do they require improvement: \_\_\_\_\_

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How much homework do you do each night? \_\_\_\_\_

**PART 2**

**EXTRACURRICULAR ACTIVITIES**

What **Sports** activities are you involved in – both in and out of school?

Volleyball \_\_\_ Basketball \_\_\_ Hockey \_\_\_ Soccer \_\_\_ Other \_\_\_\_\_

What **artistic** programs are you involved in – both in and out of school?

Choir \_\_\_\_\_ Recorder Club \_\_\_\_\_ Music Lessons (Instrument) \_\_\_\_\_ Ballet \_\_\_\_\_ Drama \_\_\_\_\_ Art \_\_\_\_\_ Other (specify)

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**PART3**

**FAITH LIFE**

Please provide us with an insight into your **faith life** by answering the following:

1. How are you **involved in your parish/church**?

\_\_\_\_\_ Altar Server \_\_\_\_\_ Attend Catechism \_\_\_\_\_ Attend student retreats \_\_\_\_\_ Youth Choir  
\_\_\_\_\_ Too young to participate \_\_\_\_\_ Not involved at all \_\_\_\_\_ Other (describe briefly in the space provided)

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2. Do you do any volunteer service in your community? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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**PART 4**

**SOCIAL DEVELOPMENT**

1. Tell us about your friends at school \_\_\_\_\_

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2. Describe your favourite teacher \_\_\_\_\_

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3. Have you had any discipline issues? \_\_\_\_\_ Yes \_\_\_\_\_ No (ie. Theft, cheating on exams, vandalism, disrespect to teachers or staff members, violence towards other students)

If yes, please explain: \_\_\_\_\_

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4. Did these discipline issues lead to suspension? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **Parent Statement**

How did you learn about Holy Ghost School? \_\_\_\_\_ Family \_\_\_\_\_ Friends \_\_\_\_\_ Website \_\_\_\_\_ Other

Explain briefly : \_\_\_\_\_

Why do you want your child educated in a faith-based school?

Briefly describe your involvement in your faith community.

Briefly describe your child. Note interests, strengths and weaknesses.

Why do you believe that Holy Ghost would be a good match for your child?

We believe that parents are the primary educators of our children within a faith community. How would you support and extend what is taught at school?

Skills your family could offer Holy Ghost School: (volunteering, coaching, classroom helper, supervision, crafts, etc.)

Any additional information or concerns:

## Application Documents Checklist:

Please use this checklist as a guide for ensuring that you have included all required documents with your application.

1. **Application Form** - Ensure that you have fully completed and signed the application form.
2. **Applicant's Personal Statement**—Please have your child complete their section in their own hand, if possible.
3. **Parent Statement** (page 5)
4. **Teacher Recommendation Form** — This form is required. To be considered, it must be completed by the Pre-school or current teacher and submitted directly to Holy Ghost School. It can be faxed or sent by email as indicated on the form. (page 7)
5. **Permission to Release Confidential Information Form** (page 8)
6. Your child's most **recent photo**
7. Your child's most **recent report card** (K-8) or progress report (Pre-School)
8. **Copy of Birth Certificate** — **Note:** As per Holy Ghost School Board Policy, Kindergarten students must be 5 years old by December 31st of the year in which they are applying for.
9. **Immunization Record**
10. **Copy of Baptismal Certificate** (if baptized)
11. **Application Fee** - K—8 — \$100.00 (per child) - this fee is **non-refundable**. Cheques are payable to **Holy Ghost Parish**.

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With this registration I/we hereby make application to Holy Ghost School for the admission of my child to the school. If my/our child is accepted, I/we agree to make ourselves familiar with the rules of the school and to support and co-operate with the school in the formation of my child. I/we further agree to accept all financial responsibility and to submit the tuition and other fees required, as specified in the payment plan.

Holy Ghost School recognizes the roles and responsibilities of all community members in supporting and facilitating a safe and nurturing learning environment: **parents**, as the primary educators of their children; **teachers** as the primary educational leaders in both curricular and extracurricular programs; **staff** in their roles to support and provide the school's program; **administrators** in providing vision and leadership to the overall program; and **students**, in taking responsibility for their decisions and actions.

In making this application, we as parents/guardians of a potential Holy Ghost School student, are affirming our belief in and commitment to this safe and nurturing learning environment and, were our child to be accepted, we are pledging that we will strive to fully support and enhance the school's environment, rules, and practices.

I/we understand and accept that all students attending Holy Ghost are required to take part in Religion classes. Attendance at Mass is an integral and compulsory part of this Catholic Program.

I/we hereby declare that we have no knowledge of any impediment to our ability, or the ability of our child, to fulfill our roles and responsibilities as contributors to this environment and the mission of the school.

I/we affirm that the information contained in this application is true and accurate. I/we understand that misrepresentation; falsification or omission of facts on this application may result in refusal of admission and/or prompt withdrawal of any previous offer of admission.

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Signature of Father / Guardian

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Date

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Signature of Mother / Guardian

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Date



# Holy Ghost School – Teacher Recommendation Form

319 Selkirk Avenue, Winnipeg, MB R2W 2L8

Tel: 204.582-1053 Fax: 204.582-4870

Principal: Mrs. Chabluk - Email: mchabluk@holyghostschool.ca

Website: www.holyghostschool.ca

**\*\*The Applicant should give this form to the homeroom teacher.**

Date: \_\_\_\_\_ Student name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_ Student MET # \_\_\_\_\_

*The above student has applied for admission to **Holy Ghost School**. We would appreciate your comments regarding this student. The information will help us to address the student's needs and will be kept in **strict confidence**. Your frank rating and comments will ultimately aid the student, his/her family, and our school. Please return this form as soon as possible. We appreciate your assistance. **This form can be faxed to the above fax number.***

Please indicate the type of program the student follows:

Regular \_\_\_\_\_ Regular Adapted \_\_\_\_\_ Modified \_\_\_\_\_

Has the student ever been referred to: Resource \_\_\_\_\_ Clinician Services (please specify) \_\_\_\_\_

Please circle the appropriate number grading from Poor (1) to Excellent (5)

		COMMENTS
Attendance	1 2 3 4 5	
Displays effort	1 2 3 4 5	
Works cooperatively with peers	1 2 3 4 5	
Works independently	1 2 3 4 5	
Displays courtesy and respect	1 2 3 4 5	
Completes daily work	1 2 3 4 5	
Organizes materials	1 2 3 4 5	
Listens attentively	1 2 3 4 5	
Follows directions	1 2 3 4 5	
Participates in class	1 2 3 4 5	
Displays self-control	1 2 3 4 5	
Demonstrates a positive attitude	1 2 3 4 5	
Relationships with peers	1 2 3 4 5	
Relationships with teachers	1 2 3 4 5	
Academic ability in ELA	1 2 3 4 5	
Academic ability in mathematics	1 2 3 4 5	

Has this student had any disciplinary issues? Severe \_\_\_\_\_ Minor \_\_\_\_\_ Not at all \_\_\_\_\_

Would you recommend the student for placement at Holy Ghost School?

Yes \_\_\_\_\_ No \_\_\_\_\_ With Reservation \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Classroom Teacher

\_\_\_\_\_  
Print name of Classroom Teacher

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Print name of Principal



*Holy Ghost School*  
*Permission to Release Confidential Information*

I \_\_\_\_\_, the parent/guardian of

*name of parent/guardian*

\_\_\_\_\_ grant Holy Ghost School permission

*name of student*

to request any and all information and records (i.e. resource/support files, assessments, clinical reports and/or student files) they may require for the application process.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*