



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	_____ Mrs. _____ Ms. _____ Dr. _____ Other
Father's Full Name _____	Mother's Full Name _____
Address _____	Address _____
City _____ Prov _____ Postal Code _____	City _____ Prov _____ Postal Code _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Address _____	Business Address _____
Work # _____ Cell # _____	Work # _____ Cell # _____
Email* _____	Email* _____
Stepmother's Full Name (if applicable) _____	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)

PART 1	ACADEMICS
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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:

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

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

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:

What is your favourite thing about school? _____

What do you like least about school? _____

What are your strongest subject areas? _____

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

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)

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)

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

If yes, please explain: _____

PART 4

SOCIAL DEVELOPMENT

1. Tell us about your friends at school _____

2. Describe your favourite teacher _____

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: _____

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**.

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.

Signature of Father / Guardian

Date

Signature of Mother / Guardian

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