



**HOLY GHOST SCHOOL RE-REGISTRATION FORM**

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 - \_\_\_\_\_

**PLEASE FILL OUT ONE FORM PER CHILD AND RETURN IT ALONG WITH THE \$100.00 NON REFUNDABLE RE-REGISTRATION FEE PER STUDENT NO LATER THAN FEBRUARY 7, 2018.**  
**PLEASE MAKE CHEQUE PAYABLE TO HOLY GHOST PARISH**  
**IF YOU ARE REGISTERING A NEW STUDENT, PLEASE FILL OUT A NEW STUDENT APPLICATION**

Application For Grade \_\_\_\_\_ School Year \_\_\_\_\_ Date of Application \_\_\_\_\_

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

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

Home Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yr

Will your child be returning to Holy Ghost School? Yes \_\_\_\_\_ No \_\_\_\_\_

_____ Mr. _____ Dr. _____ Other Father's / Guardian 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/Guardian Full Name _____ Address _____ City _____ Prov _____ Postal Code _____ Occupation _____ Employer _____ Business Address _____ Work # _____ Cell # _____ Email* _____ Stepfather's Full Name (if applicable) _____
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\*The email address provided above should be the one that may be used by school staff for important communication

**Medical Concerns and Emergency Information:**

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

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

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

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

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

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

**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

**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 \_\_\_\_\_

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

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 for the school's program; **administrators** in providing vision and leadership to the overall program; and **students**, in taking responsibility for their decisions and actions.

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.

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