



# 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 NO LATER THAN FEBRUARY 6, 2017. 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 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) _____
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### 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: \_\_\_\_\_

## 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

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## 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

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.

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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