



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 / Cheq. / Debit / Credit \$ _____
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 1, 2021 IF PAYING BY CHEQUE, PLEASE MAKE CHEQUE PAYABLE TO HOLY GHOST SCHOOL 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