



HOLY GHOST SCHOOL

New Student Application Form

OFFICE USE ONLY:

Date Received _____ Received By _____

Application Fee: ___ Cash ___ Cheq. ___ Debit/Credit ___ E-Tran.

Support Documents Received:

Previous Report Card Medical Health Card

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:/Day Care/Nursery _____

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) _____

Father's/Guardian Full Name _____ Mother's/Guardian Full Name _____

Address _____ Address _____

City _____ Prov _____ Postal Code _____ City _____ Prov _____ Postal Code _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Email* _____ Email* _____

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

Student's Religion _____ Mother's Religion _____ Father's Religion _____

Name of Current Parish/ Religious Institution _____

Student's Baptism _____ / _____ / _____ Parish/Place _____
dd mm yr

First Communion _____ / _____ / _____ Parish/Place _____
dd mm yr

Siblings

(NAME / AGE / SCHOOL)

(NAME / AGE / SCHOOL)

(NAME / AGE / SCHOOL)

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: ____ Yes ____ No

Legal Custody: ____ Both Parents ____ Mother Only ____ Father Only ____ Guardian ____ Other (Specify) _____

School reports / general mailings / notices should be sent to: ____ Both Parents/Guardians ____ Mother ____ Father

Medical Concerns and Emergency Information:

Emergency Contact Person (other than parent/Guardian:

1. Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Manitoba Health Insurance Registration Number: _____ PIN Number: _____

Doctor's Name: _____ Telephone Number: _____

Applicant has a life threatening condition or issues: ____ Yes ____ No Applicant carries an Epipen or Inhaler: ____ Yes ____ No

Please indicate any health concerns and medications: Asthma Anaphylaxis Seizure Disorder Diabetes Allergies

Identify any Allergies: _____

Medications: _____

Other Health Concerns: _____

Support Services

Please indicate if the student has utilized any of the following services:

- | | |
|--|---|
| <input type="checkbox"/> Resource | <input type="checkbox"/> School Counsellor |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Speech & Language |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Outside Agency |
| <input type="checkbox"/> Child in Care | <input type="checkbox"/> Other _____ |

If any services above are checked (✓), please complete details below:

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

The support services information is being collected so appropriate educational services may be provided for your son/daughter. This information will only be shared with appropriate individuals. This information is protected by The Freedom of Information and Protection of Privacy Act. Questions should be directed to the

Aboriginal Identity: (Required by Manitoba Education)

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Advanced Learning and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners. (Providing this personal information is voluntary and optional)

Is Your child an Aboriginal person: (✓) _____ Yes _____ No

Which best describes your child's Aboriginal Identity? Please select up to two choices: (✓)

_____ Anishinaabe (Objibway/Saulteaux) _____ Ininiw (Cree) _____ Dene (Sayisi) _____ Dakota _____ Oji-Cree

_____ Michif _____ Michif-Cree _____ Michif-French _____ Michif-Ojibway _____ Inuktituq

_____ Aboriginal - Other _____

Academics

(For Kindergarten students, please help your child answer the following questions that are applicable)

What was your approximate previous grade average? _____ % or _____ Letter

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

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

What is your favourite thing about school/daycare _____

What do you like least about school/ daycare? _____

What are your strongest subject areas? _____

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

Extracurricular Activities and Interests

What **sports** activities are/is you/your child involved in – both in and out of school?

Volleyball ____ Basketball ____ Hockey ____ Soccer ____ Other _____

What **artistic** programs are/is you/your child involved in – both in and out of school?

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

What other interests/hobbies do you/your child have? _____

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: _____

Social Development

Self-care skills (For Kindergarten Applicants Only)

Does your child:

-Use the bathroom and wash up on their own? _____ Yes _____ No

-Get dressed on their own (but may still need help with buttons, zippers and shoelaces)? _____ Yes _____ No

-Know and can say their first and last name and age? _____ Yes _____ No

Social and emotional skills:

-Separate from a parent or caregiver without getting overly upset? _____ Yes _____ No

-Interact with other kids? _____ Yes _____ No

-Pay attention for at least five minutes to a task an adult is leading? _____ Yes _____ No

-Have you had any discipline issues? _____ Yes _____ No

If yes, please explain: _____

Language skills

-Speak in complete sentences and is understood by others most of the time? _____ Yes _____ No

-Use words to express needs and wants? _____ Yes _____ No

-Understand two-step directions? _____ 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. 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.
3. Permission to Release Confidential Information Form
4. Your child's most recent report card (K-8) or progress report (Pre-School)
5. 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.
6. Copy of Baptismal Certificate (if baptized)
7. Application Fee - K—8 — \$100.00 (per child) - this fee is non-refundable. Cheques are payable to Holy Ghost School.

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
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 and medical reports and/or student files) via verbal and or written information to the staff of Holy Ghost School about my child.

Signed

Date

Holy Ghost School — Teacher Recommendation Form



319 Selkirk Avenue, Winnipeg, MB R2W 2L8
 Tel: 204.582-1053 Fax: 204.582-4870
 Email: schooloffice@holyghostschool.ca

Date: _____ **Student name:** _____ **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. **Please fax or email this form to the above address.***

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)

	1 2 3 4 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 Teacher/Caregiver

Signature of Principal

Print name of Teacher/Caregiver

Print name of Principal