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 _____

Address _____

City _____Prov _____ Postal Code _____

Occupation _____

Employer _____

Work # _____ Cell # _____

Email* _____

Mother's/Guardian Full Name _____

Address _____

City _____Prov _____ Postal Code _____

Occupation _____

Employer _____

Work # _____ Cell # _____

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:

- ☐ Resource
- ☐ Reading
- ☐ Psychiatry
- ☐ Social Work
- ☐ Physiotherapy
- ☐ Child in Care
- ☐ School Counsellor
- ☐ Psychology
- ☐ Speech & Lanuage
- ☐ Occupational Therapy
- ☐ Outside Agency
- ☐ 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)

		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