

Medical Information

Personal Health Care Number: _____

Medical problems or known Allergies (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, etc...)

No Yes

Please specify (Note: Staff cannot administer medication unless a formal request form is completed). If your child has a medical condition that requires specific instructions, you **must** fill out the appropriate paperwork which is available at the school office. Only allergies which require a medical plan need to be listed here.

Is the allergy/condition life threatening? Yes No

If yes, does the child carry an EpiPen? Yes No

Does the child have any Learning Difficulties (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc...) Has the child had an assessment completed? (speech language, occupational therapy, psycho-educational)

No Yes

Please specify _____

In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for educational planning purposes. Acceptance is contingent upon appropriate disclosure of relevant information to the school.

Disclosure of this information **WILL NOT AFFECT** your child's admission, however, non-disclosure of this information will result in your application being re-evaluated.

Parent/Guardian Information

Father's Name: _____ Religion: _____

Address (if different from child) _____
(house number, street, city, postal code)

Citizenship: Canadian Landed Immigrant Other

Occupation: _____ Employer: _____

Work Phone # _____ Cell Phone #: _____ Email: _____

Mother's Name: _____ Religion: _____

Address (if different from child) _____

Citizenship: Canadian Landed Immigrant Other

Occupation: _____ Employer: _____

Work Phone #: _____ Cell Phone #: _____ Email: _____

We understand that this is only an application and does not constitute registration. We are aware that if there is space available, we will be contacted regarding acceptance.

Signature of Parent or Guardian

Date

Signature of Parent of Guardian

Date