

ST. IGNATIUS SCHOOL

New Student Application Form

FOR OFFICE USE ONLY:
Application Date:
Interview Date:
Interview Time:
Acceptance Date:
Parish Envelope #:

PLEASE PRINT

PLEASE PRINT						
Full Legal Name			Gender			
Surname	Given Name(s)	Common Name (if different	t from Given Name)			
Applying for Grade	_ Date of Birth	Met No				
Requesting before and after sch						
Student Address	Street	Oit /Trum	Destat Onda			
Currently residing in Public Scho		City/Town	Postal Code			
Religion Place of	Worship	Pastor / Clergymar	າ			
Sacraments Received: (MONTH/YE	EAR)	Baptism	First Communion			
		Reconciliation	Confirmation			
Current School (if applicable)		Address	Grade			
(FATHER	(\(' \) LEGAL GUARDIAN	(/) MOTHER	(\nabla) LEGAL GUARDIAN			
Surname	Given Name	Surname	Given Name			
Address		Address				
City/Town		City	Postal Code			
Phone #: Home:		Phone #: Home:				
Business:	Cell:	Business:	Cell:			
Email		Email				
Occupation		Occupation				
Employer's Name		Employer's Name				
Business Address		Business Address				
Father's / Guardian's Religion		Mother's / Guardian's Reli	gion			
Emergency Contact 1 (other th	an parent):					
Name		Relationship to	Child			
Home Phone No	Work Phone No	Cell Phon	Cell Phone No.			
Emergency Contact 2 (other th	an parent):					
Name		Relationship to	Child			
Home Phone No	Work Phone No.	Cell Phone	e No			

School reports / general maillings / notices should be sent to:	Student lives with:	Both Parents	Mother Only	Fat	her Only _	Guardian	Other
School age siblings:	Custody:	Both Parents	Mother Only	Fat	her Only _	Guardian	Other
Aboriginal Identity: (Completion optional for Manitoba Education, Training & Youth) If Aboriginal, you may select up to 3 identities. Not Aboriginal Anishmaaba Anishmaa Anishmaa	School reports / genera	al mailings / notices	should be sent to:	Parents	/ Guardians _	Mother	Father
Aboriginal Identity: (Completion optional for Manitobe Education, Training & Youth) If Aboriginal, you may select up to 3 identities. Not Aboriginal Aboriginal - Aboriginal - Uncertain of Ancestry Alonginal - Uncertain of Ancestry Michif-Cree - Michif-Cree - Michif-French Michif-Cree - Michif-Gibway - Michif-Gree - Michif-French Michif-Gree -	School age siblings: _					(NAME / GRADE / SCHOOL)
Aboriginal Identity: (Completion optional for Manitoba Education, Training & Youth) If Aboriginal, you may select up to 3 identities. Not Aboriginal Aboriginal - Aboriginal - Uncertain of Ancestry Oil-Cree - Michif - Dene (Sayis) Oil-Cree - Michif - Michif-Cree - Michif-Cree - Michif-Cree - Michif-Cree - Michif-Gree - Mi	_					()	NAME / GRADE / SCHOOL)
If Aboriginal, you may select up to 3 identities. Not Aboriginal Aboriginal Aboriginal - Opene (Sayisi) Dakota - Ininiw (Cree) Michif - Opene - Opene - Michif - Opene - Opene - Michif - Opene -						(N	IAME / GRADE / SCHOOL)
	Aboriginal Identity: (Co	ompletion optional for	Manitoba Education, Ti	raining & Yo	uth)		
Student is receiving additional support for learning; explain. Medical Information: Manitoba Health Registration # (6digit) Personal Health ID # (9 digit) Physician's Name Doctor's Office Phone No Additional Health Coverage (Blue Cross, etc.) Please indicate any Health Care needs: My child is NOT experiencing any health problems at this time. Asthma	Not Aborig Anishinaa Oji-Cree Michif-Oji	inal abe bway	Aboriginal - Uncertain of Ininiw (Cree) Michif Inuktituq	Dene (Cree		
Medical Information: Manitoba Health Registration # (6digit)	Skills or services your	family could offer to	o St. Ignatius School:				
Medical Information: Manitoba Health Registration # (6digit) Personal Health ID # (9 digit) Physician's Name Doctor's Office Phone No Additional Health Coverage (Blue Cross, etc.) Please indicate any Health Care needs: My child is NOT experiencing any health problems at this time. Asthma	_	• •					
Physician's Name							
Additional Health Coverage (Blue Cross, etc.) Please indicate any Health Care needs: My child is NOT experiencing any health problems at this time. Asthma Asthma Seizure Disorder Allergies (identify) Disabilities Medication Other With this application I / we accept the following: The Policies, Rules and Regulations as stipulated in the St. Ignatius School Handbook (see website). The right of Administration to discipline or dismiss a student whose conduct warrants such action. PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION: Your child's most recent progress report (except kindergarten) Copy of child's birth certificate Copy of child's Baptismal certificate Application Fee - \$50 (max \$75 per family) (non-refundable)	Manitoba Health Registr	ration # (6digit)		_ Persona	Health ID # (9 c	ligit)	
Please indicate any Health Care needs: My child is NOT experiencing any health problems at this time. Asthma	Physician's Name			Doctor's	Office Phone No)	
☐ My child is NOT experiencing any health problems at this time. ☐ Asthma ☐ Anaphylaxis ☐ Seizure Disorder ☐ Allergies (identify) ☐ Disabilities ☐ Medication ☐ Other ☐ Other With this application I / we accept the following: The Policies, Rules and Regulations as stipulated in the St. Ignatius School Handbook (see website). ☐ Your child's most recent progress report (except kindergarten) ☐ The right of Administration to discipline or dismiss a student whose conduct warrants such action. ☐ Copy of child's birth certificate ☐ Copy of child's Baptismal certificate ☐ Copy of child's Baptismal certificate ☐ Application Fee - \$50 (max \$75 per family) (non-refundable)	Additional Health Covera	age (Blue Cross, etc.)	·				
Asthma	Please indicate any Hea	Ilth Care needs:					
□ Disabilities □ Medication □ Other With this application I / we accept the following: The Policies, Rules and Regulations as stipulated in the St. Ignatius School Handbook (see website). The right of Administration to discipline or dismiss a student whose conduct warrants such action. □ Copy of child's most recent progress report (except kindergarten) □ Copy of child's birth certificate □ Copy of child's Baptismal certificate □ Application Fee - \$50 (max \$75 per family) (non-refundable)	☐ My child is	NOT experiencing an	y health problems at thi	s time.			
□ Other	☐ Asthma	☐ Anap	ohylaxis 🔲 S	Seizure Diso	der 🗖 All	ergies (identify)	
Other	Disabilities	3					
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signature of Parent(s)/Guardian(s) Application Fee - \$50 (max \$75 per family) (non-refundable)			or dismiss a student	whose	☐ Copy of ch	ild's birth certific	ate
(non-refundable)					☐ Copy of ch	ild's Baptismal c	ertificate
Date Custodial documentation (if applicable)	Signature of Parent(s)/G	Guardian(s)					\$75 per family)
	Date				☐ Custodial o	locumentation (i	f applicable)