



Holy Trinity Roman Catholic Separate School Division No. 22

Prekindergarten Application

School: _____ Today's Date: Month/Day/Year

Parent Preference (Morning and afternoon programs will be balanced **if there are two daily programs** in the school)

Prekindergarten: AM PM (Sacred Heart and St. Agnes Schools)

Has your child ever attended any other HTCSD School? Yes No

Name of Previous School: _____

Student Information

Student's Legal Last Name:	Student's Legal First Name:	Student's Legal Middle Name:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: Month / Day / Year	Student's Birth Country:
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Birth Certificate provided

Baptized: Yes No (If yes please provide copy of baptismal certificate)

Primary Phone: _____

Mailing Address:	Postal Code:	City:
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Physical Home Address:(Rural: include land description)

Parent/Guardian 1

Parent/Guardian 2

Last Name:

Last Name:

First Name:

First Name:

Address: Same as above

Address: Same as above

Postal Code:

Postal Code:

Primary Phone #:

Primary Phone #:

Work Place:

Work Place:

Work/Other Phone #:

Work/Other Phone #:

Email:

Email:

Special Situations

List any medical/allergy situations:

Documentation has been attached to this form

Child resides with: Father Mother Both Other: _____

Languages Spoken:

How Long has student been exposed to English?

Outside Agency Support:

Voluntary Declaration: First Nations Métis

1st Country of Citizenship:

2nd Country of Citizenship:

Resident Type Canadian Citizen Refugee Permanent Resident
 Temporary Resident Student/Visitor Visa

Child Care Provider/Daycare Facility

Name:	Address:
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Primary Phone #:	Other Phone #:
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