



ST. EMILE SCHOOL

New Student Application Form

FOR OFFICE USE ONLY:

Interview Date: _____
 Interview Time: _____
 Acceptance Date: _____
 Parish Envelope #: _____
 Volunteer Cheques Received: _____

PLEASE PRINT CLEARLY

Full Legal Name _____ / _____ / _____ Gender _____
Last Name First Name(s) "Goes By" Name (if different from First Name)

Applying for Grade _____ Date of Birth _____ / _____ / _____ MB MET #: _____
Month Day Year (attach a copy of Birth Certificate)

Student's Address _____
Street City/Town Postal Code

Currently residing in which Public School Division: _____

Current School (if applicable) _____ Address _____ Grade _____

Student's Religion _____ Place of Worship _____ Pastor / Clergyman _____

Sacraments Received: ___ Baptism ___ First Communion ___ Reconciliation ___ Confirmation *(attach a copy of Baptismal Certificate- required if Catholic)*

PLEASE PRINT CLEARLY

<p>(✓) ___ FATHER ___ STEPFATHER ___ LEGAL GUARDIAN</p> <p>_____</p> <p style="text-align: center;"><small>First Name Last Name</small></p> <p>Address: _____</p> <p>City/Town: _____ Postal Code: _____</p> <p>___ (✓) <i>Address is same as other parent/guardian</i></p> <p>Phone # Cell: _____ Home: _____</p> <p style="padding-left: 20px;">Work: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Religion: _____</p>	<p>(✓) ___ MOTHER ___ STEPMOTHER ___ LEGAL GUARDIAN</p> <p>_____</p> <p style="text-align: center;"><small>First Name Last Name</small></p> <p>Address: _____</p> <p>City/Town: _____ Postal Code: _____</p> <p>___ (✓) <i>Address is same as other parent/guardian</i></p> <p>Phone # Cell: _____ Home: _____</p> <p style="padding-left: 20px;">Work: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Religion: _____</p>
--	--

School reports / general mailings / notices / emails to be sent to: ___ Both Parents/Guardians ___ Mother Only ___ Father Only

Grades of brother(s)/sister(s) also applying as NEW students (if applicable): _____

Siblings: _____ (NAME / GRADE / SCHOOL) _____ (NAME / GRADE / SCHOOL)
 _____ (NAME / GRADE / SCHOOL) _____ (NAME / GRADE / SCHOOL)

*Requesting Before and After School Care _____ Yes _____ No (if yes, please include the BASC info. sheet)

*Requesting acceptance to the St. Emile Hockey Skills Academy _____ Yes _____ No (if yes, please include Hockey Registration Form)

If Yes: Current Hockey Team _____ Level _____ Coach's Name: _____

Student lives with: _____ Both Parents _____ Mother Only _____ Father Only _____ Guardian _____ Other

Custody: _____ Both Parents _____ Mother Only _____ Father Only _____ Guardian _____ Other

(attach a copy of legal custody documents, if applicable)

Emergency Contact 1 (other than parent):

Name _____ Relationship to Child _____

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

Emergency Contact 2 (other than parent):

Name _____ Relationship to Child _____

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

Medical Information:

Manitoba Health Registration # (6 digit) _____ **Personal Health ID # (9 digit)** _____

Doctor's Name _____ Doctor's Office Phone #: _____

Please indicate any Health Care concerns: (URIS form must be completed if any health care issues exist) :

____ (✓) My child IS NOT experiencing any health care issues at this time.

Asthma Anaphylaxis Seizure Disorder Diabetes Allergies (identify) _____

____ (✓) Medication _____

____ (✓) Disabilities _____

____ (✓) Other _____

Skills or services your family could offer to St. Emile School:

Aboriginal Identity: (Required by Manitoba Education)

If Aboriginal, you may select up to 3 identities.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Not Aboriginal | <input type="checkbox"/> Aboriginal - Uncertain of Ancestry | | |
| <input type="checkbox"/> Anishinaabe | <input type="checkbox"/> Ininiw (Cree) | <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Dakota |
| <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Michif | <input type="checkbox"/> Michif-Cree | <input type="checkbox"/> Michif-French |
| <input type="checkbox"/> Michif-Ojibway | <input type="checkbox"/> Inuktituq | <input type="checkbox"/> Aboriginal - Other | |

Is this student receiving additional support for learning, or have they in the past? NO YES - please detail:

- Individual Education Plan (IEP) Resource File Speech Language Pathologist (SLP) Occupational Therapy (OT)
- Other: _____

Does this student have behavioural concerns? Please explain: _____

With this application I / we accept the following:

- The Policies, Rules and Regulations, as stipulated in the St. Emile School Handbook.
- The Policies of the BASC program (if applicable).
- The Volunteer Commitment Policy of 8 hours per student per year.
- The Uniform Policy.
- The Lunchtime Policy.
- The right of the Administration to discipline or dismiss a student whose conduct warrants such action.

Signature of Parent(s) / Guardian(s)

Date

PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION:

- Your child's most recent progress report (Gr. 1-8)
- Copy of child's Birth Certificate
- Copy of child's Baptismal Certificate (if applicable)
- New Applicant Registration Fee - \$100.00
- Custodial documentation (if applicable)
- Proof of permanent resident status (if applicable)

The following forms, filled out and signed:

- Volunteer Commitment form, with 2 x post-dated cheques
- Uniform Policy form
- Lunchtime Policy form
- BASC information sheet (if applicable)
- Code of Conduct in the St. Emile School Handbook-last page only
- URIS form (if applicable)
- PIPEDA form
- Financial Worksheet
- PAD form (if applicable)

This personal information is being collected under the authority of the Public Schools' Act and will be used for educational purposes. It is protected by the Personal Information Protection and Electronic Documents Act (PIPEDA). This information is protected and can be shared with Catholic Schools of the Catholic Schools Commission and the Archdiocese of Winnipeg. If you have any questions about the collection, contact the principal.