



Elementary School Application Form

Child: _____
Surname First Name Usual Name

Birthday: ____/____/____ Gender: ____ Allergies: _____ To begin: ____/____ Grade: ____
MM DD YY MM YY

Language spoken at home: _____ Health Card #: _____

Parent/Guardian A: _____
Surname First Name

Address: _____
Street/Apt./PO Box City/Town Province/Postal Code

Email: _____ Home: (____) _____ - _____

Business: (____) _____ - _____ Mobile: (____) _____ - _____

Parent/Guardian B: _____
Surname First Name

Address: _____
(if different from above.) Street/Apt./PO Box City/Town Province/Postal Code

Email: _____ Home: (____) _____ - _____

Business: (____) _____ - _____ Mobile: (____) _____ - _____

Child's overall state of health: _____

Please describe any current health concerns, other than allergies: _____

Please list your child's current medications, if any: _____

If your child has any special needs (educational, emotional, social, etc.) please provide detail, using a separate sheet if needed: _____

Emergency Contact 1: _____
(if parents unavailable) Surname First Name

Relationship to child: _____ Home: (____) _____ - _____

Business: (____) _____ - _____ Mobile: (____) _____ - _____

Emergency Contact 2: _____
(if parents unavailable) Surname First Name

Relationship to child: _____ Home: (____) _____ - _____

Business: (____) _____ - _____ Mobile: (____) _____ - _____

Sibling: _____ Birthday: / / School: _____
Name MM DD YY

Sibling: _____ Birthday: / / School: _____
Name MM DD YY

Sibling: _____ Birthday: / / School: _____
Name MM DD YY

Describe your child's interests and extracurricular activities.

How would you summarize your child's experience with school, to date?

Why do you want your child to come to Halifax Independent School?

What are some areas of interest or knowledge that you could share with our students or our school community?

By signing below, you authorize school representatives to contact your child's current/most recent school. Please indicate the name of the person there who would know your child best:

Name: _____ Phone: (____) _____ - _____ School: _____

Your child's admission visit cannot be booked until the following have been received:

- \$100 Application Fee
- Birth Certificate (copy)
- Last two report cards (copy)
- Reports from any educational psychiatric assessments
- Confidential School Report and your authorization to contact current/most recent teacher

The parents/guardians submitting this application are all those having legal custody over the child if not sharing one household.

Parent/Guardian Signature: _____ Date: / /

Parent/Guardian Signature: _____ Date: / /

FOR SCHOOL USE ONLY

04_2016

- Application Fee
- Birth Certificate
- Report Cards

- Confidential School Report
- Admission Mtg. Date _____
- Student Visit Date-Class _____

- Follow-up Call (initials) _____
- Accepted
- Date of Withdrawal _____