



# Pre-Primary School Application Form

Child: \_\_\_\_\_  
Surname First Name Usual Name

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_ To begin: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY MM DD 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 Physician: \_\_\_\_\_  
Surname

Address: \_\_\_\_\_  
Street/PO Box City/Town Province/Postal Code

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Names of any person to whom the child may be released other than the child's parents.

\_\_\_\_\_  
Surname First Name Relationship to child

\_\_\_\_\_  
Surname First Name Relationship to child

For the following section, attach a sheet if necessary.

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Sibling: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_  
Name MM DD YY

Sibling: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_  
Name MM DD YY

Sibling: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_  
Name MM DD YY

Child's overall state of health:

Please describe any current health concerns other than allergies, which should be recorded on page 1.

Please list your child's current medications, if any.

If your child has special needs (educational, emotional, physical, social) please provide details, using a separate sheet if needed.

Describe your child's interests and extracurricular activities.

How would you summarize your child's experience with daycare/nursery school/play groups?

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

How did you find out about Halifax Independent School?

What are some interests or areas of knowledge that you could share with our students?

We would like your permission to contact a current/prior teacher for a confidential report. Please indicate the name of the person who would know your child best.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach all of the following: photocopy of birth certificate, a copy of all reports flowing from educational psychiatric assessment(s), copies of your child's two most recent report cards, your authorization for us to contact your child's current school; and, the \$100 application fee. The application fee is waived for siblings of current Halifax Independent School students.

**FOR SCHOOL USE ONLY**

Admission Mtg. Date \_\_\_\_\_

Student Visit Date \_\_\_\_\_

Follow-up Call (initials) \_\_\_\_\_

\$100 Application Fee

Immunization Record

Accepted

ER Transport Authorization Pkg.

Birth Certificate

Caregiver Report

Permissions

Date of Withdrawal \_\_\_\_\_