



# Primary School Application Form

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 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 teacher/caregiver. Please indicate the name of the person there who would know your child best:

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

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

- \$100 Application Fee
- Birth Certificate (copy)
- Reports from any educational psychiatric assessments
- Confidential Caregiver Report and your authorization to contact the child's current/most recent teacher/caregiver

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**

- Application Fee
- Birth Certificate

- Confidential Caregiver Report
- Admission Mtg. Date \_\_\_\_\_
- Student Visit Date-Class \_\_\_\_\_

- Follow-up Call (initials) \_\_\_\_\_
- Accepted
- Date of Withdrawal \_\_\_\_\_