

Christ Our King Lutheran School

Student Registration Form

This student is applying to enter grade _____ beginning Y_____ M_____ D_____

Registration for school year: 20_____ - 20_____ Male _____ Female _____

Print in clear block letters. All (*) fields must be filled in to ensure your child's placement.

Student / Family Information

* Surname _____	* Given name _____
* Address _____	* Date of birth Y_____ M_____ D_____
* City _____ * Postal code _____	* Place of birth _____
* Home phone _____	* Status in Canada: Circle one Canadian / Landed Immigrant
* Social Insurance # _____	* First language _____
* Last school attended _____	Is this child adopted? Y_____ N_____
* Full address of school _____	* Left in grade _____ on Y_____ M_____ D_____
_____	* Last grade completed _____

* With whom does the child live? (circle one) both parents / father / mother / guardian / other (specify)

* (step) Mother's full name _____ * Status in Canada: (Circle one) Canadian / Landed Immigrant

* Home phone _____ * Cell phone or pager # _____

* Address (If different than above) _____

* City _____ * Postal Code _____ Home Congregation _____

* Business name _____ * Position _____

* Business phone _____ Business Fax # _____ Email _____

* (step) Father's full name _____ * Status in Canada: (Circle one) Canadian / Landed Immigrant

* Home phone _____ * Cell phone or pager # _____

* Address (If different than above) _____

* City _____ * Postal Code _____ Home Congregation _____

* Business name _____ * Position _____

* Business phone _____ Business Fax # _____ Email _____

* Person to contact (local please)
in case of emergency _____ * Home phone _____

* Relationship to child _____ * Work phone _____

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JK – SK Supplementary Information form

Please fill in all fields. (Print in clear block letters)

* Surname _____	* Given names _____
* Address _____	* Date of birth Y _____ M _____ D _____
* City _____ Postal Code _____	* Last (pre)school attended _____
* Phone _____	* First language _____
* Mother's name _____	* Business phone _____ Cell _____
* Father's name _____	* Business phone _____ Cell _____
* Emergency contact name other than parent (local only) _____	* Phone _____ Cell _____

Number of Siblings

Older brother(s) _____ Older sister(s) _____ Younger brother(s) _____ Younger sister(s) _____

Tell us about your child (Please answer the following questions to enable us to better understand and help your child. Use the other side if necessary.)

Have you noticed anything unusual in the growth and development of your child including speech/motor?
(i.e. creeping, crawling, walking) Explain:

Is there anything you wish to share about your child's character and/or social-emotional behaviour?

Do you have any suggestions for us to make your child's experience a good and positive one?

Are there any special health problems we should be aware of? (epilepsy, asthma, allergy, vision, hearing, ADD/HDD)

Has your child had any previous schooling? If so, what kind and where?

What are your observations about your child's learning ability?

Other comments:

Signature _____

Relation to child _____

Date _____

Christ Our King Lutheran School Student Health Form

All (*) fields must be filled in to ensure your child's placement. Print in clear block letters.

* Student's full name _____
 * Doctor's full name _____ Phone _____
 * Dentist's full name _____ Phone _____

Please circle the appropriate response to the following and provide details in the space below if you answer "yes" to any item. In the instance of severe allergies, such as nuts, insect bites, etc, you must fill in the "Allergy Alert Form" and Medication Release Form" available in the main office and provide a recent photo of your child, to be kept on file/display at the school.

<u>Yes</u>	<u>No</u>	Has impairment that could affect educational / social progress
<u>Yes</u>	<u>No</u>	Has a health problem that may affect participating in full physical activity program
<u>Yes</u>	<u>No</u>	Allergies
<u>Yes</u>	<u>No</u>	Diabetic
<u>Yes</u>	<u>No</u>	Epileptic
<u>Yes</u>	<u>No</u>	Hearing challenges / wears hearing aide
<u>Yes</u>	<u>No</u>	Heart condition
<u>Yes</u>	<u>No</u>	Wears glasses
<u>Yes</u>	<u>No</u>	Lens is shatter-proof
<u>Yes</u>	<u>No</u>	Wears contact lenses
<u>Yes</u>	<u>No</u>	Has had injuries requiring medical attention in the past year
<u>Yes</u>	<u>No</u>	Has had surgical operation in the past year
<u>Yes</u>	<u>No</u>	Has been hospitalized in the past year
<u>Yes</u>	<u>No</u>	Medication taken regularly at home
<u>Yes</u>	<u>No</u>	Receiving counseling (provide documentation if possible)
<u>Yes</u>	<u>No</u>	Identified learning challenges
<u>Yes</u>	<u>No</u>	Wears "Medic Alert" bracelet for: _____

Details: _____

Date of this child's last complete medical examination Y _____ M _____ D _____

Christ Our King Registration and Medical Agreement (to be signed and dated by parent(s) / guardian.)

*** I have read and filled in all required information. ***

As well, I have enclosed a copy of this child's birth certificate as well as all other applicable forms and documents as outlined in the admissions procedures. I agree to inform the school immediately if any of the information changes. I have enclosed a current dated personal cheque, money order or bank draft for my application fee. I understand that this fee is non-refundable. I am aware of the information regarding the Student Accident Insurance Plan (available at the office / included in welcome package) and that it is advisable for my child to have this type of coverage.

I do hereby authorize Christ Our King Lutheran School or its designated representative, as agents for the undersigned, to consent to any and all necessary, immediate medical or surgical treatment deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act. In this event I agree to pay all costs incurred which may not be covered by O.H.I.P. or my other medical insurance policy.

Signature of parent or guardian (1) _____ Date _____

Signature of parent or guardian (2) _____ Date _____