

OUR LADY OF MERCY SCHOOL
WAITING LIST APPLICATION FORM FOR KINDERGARTEN
2018-2019

PLEASE PRINT

APPLICATION TO GRADE: K Surname: _____

Name of Mother: _____ Father: _____ Marital Status: _____

Address: _____ City: _____ Postal Code: _____

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

Father _____ Cell#: Father _____

OLM Parish Envelope # _____ Other Parish : _____ Envelope # _____ Not Catholic

What Faith Denomination? _____

Student Information				
Name: Surname, First Name	Gender (M / F)	Date of Birth M/D/Y	Place of Birth & Country	Citizenship

Name of Pre-School:	If there is a preschool Report Card, please attach it to the Application Form
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Check all boxes below that pertain to your child or mark N/A if not applicable.

ESL Language Spoken At Home: _____ **SPECIAL NEEDS** (ie vision, hearing, physical disabilities, autism) _____
 Please specify

ALLERGIES (i.e. nuts, bee stings, etc.) _____ **MEDICAL ISSUES** (i.e. asthma, diabetes, etc.) _____
 Please specify

Please read carefully and sign below

- a) I have read and understand the admissions policy to Our Lady of Mercy School. To view the admissions policy, please see our website: www.ourladyofmercy.ca
- b) I also understand that the Waiting List Application is valid for **one year only**, from January 1, 2018 until Dec. 31, 2018.
- c) I give consent to Our Lady of Mercy School to collect personal information that may include student identification information, birth certificate, parents work number, academic records, and information from the school and/or parish that my child and/or family attends or has attended. *This information is required in order to assist the school in making decisions regarding interviews and acceptance of new families depending on available space.*

SIGNATURE: _____ **DATE:** _____