OUR LADY OF MERCY SCHOOL WAITING LIST APPLICATION FORM FOR GRADES 1 - 7 2022-2023

PLEASE PRINT	Please submit copy of most recent Report Card with application $\ \square$					
APPLICATION TO GRADE S	ION TO GRADE Surname:					
Name of Mother: Father:	Father:		Marital Status:			
Address:	City:		Postal Code:			
Home Phone: Work# Moth	Work# Mother		Cell#: Mother			
Father		Cell#: Father				
OLM Parish Other Parish : Envelope # Envelope #		Not Catholic				
		What Faith Denomination?				
Student Information			1	1		
Name: Surname, First Name		Gender (M / F)	Date of Birth M/D/Y	Place of Birth & Country	Citizenship	
Did your child receive learning assistance?		Was you	r child on an	IEP?		
Check all boxes below that pertain to your child or mark N/A if not applicable. ESL Alt Home: ALLERGIES (i.e. nuts, bee stings, etc.) MEDICAL ISSUES (i.e. asthma, diabetes, etc.)						
Please specify	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: <u>www.ourladyofmercy.ca</u>

b) I also understand that the Waiting List Application is valid for **one year only,** from January 1, 2022 until Dec. 31, 2022.

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: _____