OUR LADY OF MERCY SCHOOL WAITING LIST APPLICATION FORM FOR KINDERGARTEN 2025 - 2026

PLEASE PRINT

APPLICATION TO GRAD	DE: Surname	e:				
Name of Mother:	Name of Father:	Marital Status:				
Address:	City:	Postal Code:				
Home Phone:	Mother's Cell:	Father's Cell:				
Mother's Email:		Father's Email:				
OLM Parish	Other Parish: Envelope #	Not Catholic What Faith Denomination?				
,	,					
Student Information						
Name: Surname, First Na	ame	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 Application Form					
Check all boxes below t	hat pertain to your child or mark	N/A if not a	pplicable.			
☐ ESL Language Spoken		CIAL NEEDS	6 (i.e. vision	, hearing, physical dis	abilities, autism)	
At Home:	Plea	ase specify				
☐ ALLERGIES (i.e. nuts	, bee stings, etc.)	DICAL ISSU	ES (i.e. astl	nma, diabetes, etc.)		
Please specify	Plea	Please specify				
Please read carefully an	nd sign below					
a) I have read and unders see our website: www.ou	stand the admissions policy to Our L rladyofmercy.ca	ady of Merc	y School. To	o view the admissions	policy, please	
b) I also understand that t	he Waiting List Application is valid f	or one year	only, from	January 1, 2025 until I	Dec. 31, 2025.	
information, birth certificat my child and/or family atte	ady of Mercy School to collect personal to the parents work number, academic ends or has attended. This informativiews and acceptance of new families	records, and ion is require	d informationed in order t	n from the school and/ o assist the school in r	or parish that	
SIGNATURE		D	ATE:			