

OUR LADY OF MERCY SCHOOL
WAITING LIST APPLICATION FORM FOR GRADES 1 - 7
2024-2025

PLEASE PRINT

Please submit copy of most recent Report Card with application

APPLICATION TO GRADE _____ 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

Did your child receive learning assistance?	Was your child on an IEP?
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Check all boxes below that pertain to your child or mark N/A if not applicable.

<input type="checkbox"/> ESL Language Spoken At Home: _____ <input type="checkbox"/> ALLERGIES (i.e. nuts, bee stings, etc.) _____ Please specify _____	<input type="checkbox"/> SPECIAL NEEDS (ie vision, hearing, physical disabilities, autism) _____ Please specify _____ <input type="checkbox"/> MEDICAL ISSUES (i.e. asthma, diabetes, etc.) _____ Please specify _____
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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, 2024, until Dec. 31, 2024.
- 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:** _____