OUR LADY OF MERCY SCHOOL
WAITING LIST APPLICATION FORM FOR KINDERGARTEN
2026 - 2027

PLEASE PRINT

APPLICATION TO GRADE: _____ Surname: _____

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
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

Check all boxes below that pertain to your child or mark N/A if not applicable.

☐ **ESL**
Language Spoken
At Home: _____

☐ **SPECIAL NEEDS** (i.e. vision, hearing, physical disabilities, autism)
_____
Please specify

☐ **ALLERGIES** (i.e. nuts, bee stings, etc.)
_____
Please specify

☐ **MEDICAL ISSUES** (i.e. asthma, diabetes, seizures, 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, 2026 until Dec. 31, 2026.*

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.

*d) In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for education purposes. Disclosure if this information **WILL NOT AFFECT** your child's admission.*

e) We understand that this is only an application and does not constitute registration. We are aware that if there is space available, we will be contacted regarding acceptance.

f) We understand that our child must be able to dress and undress themselves independently, and must be able to use the bathroom without adult assistance before September. Exceptions will be made on a case by case basis.

SIGNATURE: _____ **DATE:** _____