



**Registration Form  
Student Admission  
20\_\_ - 20\_\_**

**Student's Name (Please Print)**

**Date of Birth**

\_\_\_\_\_  
Surname                      First Name                      Middle Name                      Month                      Day                      Year

**Student's Address**

**MCP Number**

\_\_\_\_\_  
Street                      City/town                      Postal Code

**Student's Religion**

**Current School & Grade (if applicable)**

**Applying for Grade**

\_\_\_\_\_

**Junior Kindergarten and Kindergarten applicants only**

\* A copy of child's immunization record should be attached with application

**Parent's/Guardian's Names**

**Address (if different from above)**

**Telephone H/W**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Tel. #**

**E-mail address**

\_\_\_\_\_

**Student's Brothers/Sisters:**

**Name**

**Date of birth  
(m/d/y)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child require any special Educational Services?      Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

**Does your child have a health problem the school should be aware of?      Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

**Will your child require the after-school activity programs (2:45 – 5:00)?      Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Are you able to help with the supervision of an after-school activity?      Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Will your child require a financial assistance to attend I.H.M.S.?      Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please request a Financial Assistance Application from the school.**

Application Form continued .....

I hereby make application for the admission of my child, \_\_\_\_\_, to Immaculate Heart of Mary School for September \_\_\_\_\_. I have read the enclosed information and agree with the principles outlined in the documents. If my child is accepted, I agree to make myself familiar with the rules of the school, and to support and co-operate with the school in the formation of my child. I also acknowledge and consent to my child being instructed in the Roman Catholic faith according to the norms of the Roman Catholic Church while he/she attends Immaculate Heart of Mary School.

Signature of Parent/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

**Please note:**

1. Siblings of students already in attendance at I.H.M.S. will receive seats because of our commitments to those families.
2. Other applications will be accepted on a “first come, first serve basis. If a class maximum is reached, applicants will be placed on a waiting list and will be contacted by the school if space becomes available.
3. A \$100.00 non-refundable, non-transferable registration fee is required with this application. If more than one child is applying separate application forms must be filled out but only 1 fee is required.
4. The most recent Report Card (or a copy) (if applicable) from the previous school **must** accompany this form.
5. Junior Kindergarten and Kindergarten students and parents will be contacted if the application is successful and meetings with the current classes and teachers will be arranged.
6. It is the Parent’s/Guardian’s duty to inform the school of any Medical or Health concerns, preferably with documentation, at the time of registration.
7. No transportation to or from the school has been arranged at present, however, if numbers warrant we will reconsider the issue.
8. Parent/Guardians should also be aware of separate costs associated with I.H.M.S, namely, Uniform purchase/Consumable books/Art fees/Bus fee (field trips).