

PROSPECTIVE GRADE 1-8 STUDENT



66 Rideau Street, Kingston, ON K7K 2Z7

Phone: 613 546 5123

Email: ask@kingstownschoo.ca

Website: www.kingstownschoo.ca

Section One – STUDENT INFORMATION

First name:	Last name:
Date of birth:	Gender:
Current grade:	

Section Two – PARENT/GUARDIAN INFORMATION

Parent/guardian 1 name:	Parent/guardian 2 name:
Address:	Address: same as Parent/guardian 1 []
City:	Postal code:
City:	Postal code:
Phone number:	Phone number:

Section Three – ADDITIONAL STUDENT INFORMATION

Name of your child's current school or daycare:
Please provide copies of your child's last report card.

Does your child have any special needs we should be aware of? Yes [] No []
If yes, please provide details.

Has your child been identified with an exceptionality? Yes [] No []
If yes, please provide details.

Does your child have, or has ever had, an IEP? Yes [] No []
If yes, please provide a copy to King's Town School.

Has our child ever been asked to withdraw, been suspended or expelled from school? If yes, please provide details. Yes [] No []

Does your child speak an alternative language at home? Yes [] No []

Does your child have any medical conditions and/or allergies? Yes [] No []
If yes, please provide details.

Section Four – REASON FOR APPLICATION

Please briefly explain why you are looking to move to King’s Town School.

Section Five – HOW DID YOU HEAR ABOUT KING’S TOWN SCHOOL?

Please let us know how you heard about our school.

Section Six – SIGN OFF

Please note, all information in this pre-registration application form is strictly confidential.

Parent/guardian 1 signature:

Date:

Parent/guardian 2 signature:

Date:

Attached:

Copy of your child’s last report card []

Copy of your child’s IEP (if applicable) []