

Christ the King School

A School in the Catholic Tradition since 1955



NEW STUDENT APPLICATION FORM 2024-2025

APPLICATION FOR GRADE:	School Year: _____
<input type="checkbox"/> Junior Kindergarten (Monday to Friday - full days)	
<input type="checkbox"/> Kindergarten (Monday to Friday – full days)	
<input type="checkbox"/> Grade _____ (1-8)	

THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION TO BE CONSIDERED:

- \$100.00 Application Fee per applicant (cash/ cheque payable to Christ the King School/E-Transfer – to finance@ctkschool.ca - receipt must accompany application form). FEE IS NON-REFUNDABLE.
- Copy of Birth Certificate - If the student is not a Canadian citizen, Proof of Permanent Resident Status must also be provided.
- Copy of Immunization Records
- Current Photograph of Student
- Copy of Baptismal Certificate (if baptized)
- Copy of Most Recent Report Card (if applicable)

STUDENT INFORMATION: (Please Print)

Student's Legal Name: _____ / _____ / _____ Male Female
Last First Middle

Name Known by: _____ Student Date of Birth: ____/____/____
Day Month Year

Student's Primary Mailing Address: _____

City/Province: _____ Postal Code: _____ Home Telephone #: _____

Home Email Address: _____ Home Gmail Address: _____

Current School/Daycare (if applicable): _____ School/Daycare Address: _____

School/Daycare Phone Number: _____

STUDENT'S RELIGIOUS INFORMATION:

Student's Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other please specify _____	Child's Place of Baptism :	Child's Date of Baptism: ____/____ (month/year)
Child's Date of Reconciliation: (month/year): ____/____	Child's Date of First Communion: (month/year) ____/____	Child's Place of First Communion:
Child's Date of Confirmation (month/year): ____/____	Child's Place of Confirmation:	Family Parish:

PARENT/GUARDIAN INFORMATION:

Last Name: _____ First Name: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian Mr. ____ Mrs. ____ Ms. ____ Dr. ____ Other ____	Last Name: _____ First Name: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian Mr. ____ Mrs. ____ Ms. ____ Dr. ____ Other ____
Parent Religion: _____ Parish: _____	Parent Religion: _____ Parish: _____
Mailing Address (if different from child's): _____	Mailing Address (if different from child's): _____
Cell Phone: _____ Business Phone: _____ Occupation: _____ Employer: _____	Cell Phone: _____ Business Phone: _____ Occupation: _____ Employer: _____
Email: _____ Gmail: _____ <div style="text-align: right;"><input type="checkbox"/> Send mailings to this email</div>	Email: _____ Gmail: _____ <div style="text-align: right;"><input type="checkbox"/> Send mailings to this email</div>

CUSTODY INFORMATION

Student lives with: (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Check any that apply: Parents divorced ____ Parents separated ____ Father deceased ____ Mother deceased ____
CUSTODY: Are there any custody restrictions related to this child? <input type="checkbox"/> YES <input type="checkbox"/> NO Daily Custody Arrangements: _____	<p><i>If YES, a copy of the legal documents must be provided and kept on file at the school.</i></p>

OTHER CHILDREN IN THE FAMILY (please use another sheet if more space required)

Full Name	Age	Current School
Full Name	Age	Current School
Full Name	Age	Current School

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STUDENT MEDICAL INFORMATION (PLEASE COMPLETE ALL SECTIONS)

Manitoba Medical # (6 digits)	PHIN (9 digits)
Doctor's Name	Doctor's Phone No.
Is your child currently taking any physician prescribed medication? Please list:	

Life Threatening Allergy <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please list details in the space provided below.
Prescribed an Epi-Pen <input type="checkbox"/> YES <input type="checkbox"/> NO	Epi-Pen Provided to the school <input type="checkbox"/> YES <input type="checkbox"/> NO Epi-Pen Carried by the student? <input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma <input type="checkbox"/> YES <input type="checkbox"/> NO	Inhaler Provided to the School <input type="checkbox"/> YES <input type="checkbox"/> NO Inhaler Carried by the student? <input type="checkbox"/> YES <input type="checkbox"/> NO
Bleeding Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO	Please list any notes or conditions not listed here
Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Condition <input type="checkbox"/> YES <input type="checkbox"/> NO	
Seizure Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please list any allergy medication currently being taken, reasons, and how often

Please check if any of the following pertains to your child:

___ Does your child wear glasses? ___ Does your child wear contact lenses? ___ Does your child have hearing loss?

Has your child received a head injury resulting in symptoms of a concussion within the last year?
 ___ Yes ___ Date ___ No

If necessary, please elaborate:

IS YOUR CHILD RECEIVING SUPPORTS FROM OUTSIDE AGENCIES? If so please explain.

EMERGENCY CALL SEQUENCE (1ST, 2ND, 3RD)

Name: _____	Home Ph: _____	Cell: _____	Relationship to Child: _____
Name: _____	Home Ph: _____	Cell: _____	Relationship to Child: _____
Name: _____	Home Ph: _____	Cell: _____	Relationship to Child: _____

Emergency Procedures: If your child should become ill or be injured during the school day, the school will attempt to notify you. In an emergency situation, your child will be taken to a hospital or clinic for emergency treatment. In the event that an ambulance is deemed necessary the parent/guardian will be billed for this service.

RESIDENCY STATUS:

Please check: ✓

 Canadian Citizen Permanent Resident International Student Parent with Study or Work Permit

Country of Citizenship: Canada Other, please specify: _____

Entry Year in Canada: _____ Country of Birth (if not Canada): _____

Student's First Language: English French Other: _____

Language(s) spoken at home: English French Other, please specify (example: Arabic, Hindi, Tagalog):

1. _____ 2. _____ 3. _____

ANCESTRAL / CULTURAL INFORMATION:**ABORIGINAL/INDIGENOUS IDENTITY DECLARATION - AUTHORIZATION AND STATEMENT OF UNDERSTANDING**

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners. **Providing this personal information is voluntary and optional.**

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?

Note: First Nations (North American Indian) include Status and Non-Status Indians. If "Yes", mark the square(s) that best describe your child now:

 Yes, First Nation (North American Indian) Yes, Métis Yes, Inuk (Inuit)
LINGUISTIC AND CULTURAL GROUPS – THERE ARE SEVEN CULTURAL/LINGUISTIC GROUPS TO CHOOSE FROM.
RESPONDENTS MAY INDICATE UP TO TWO CHOICES. Which best describes your child's Aboriginal cultural/linguistic identity?

 Anishinaabe (Ojibway/Saulteaux) Ininiw (Cree) Dene (Sayisi)
 Dakota Oji-Cree Michif Inuktitut
 Other (Please name the identity) _____
NON-ABORIGINAL/INDIGENOUS ANCESTRAL / CULTURAL IDENTIFICATION DECLARATION

This information is being collected under the authority of the Education Administration Act and applicable regulations will be used to determine ancestral/cultural identities for statistical analysis and program planning.

Ancestral or Cultural Identity (ex: Chinese, Iranian): _____

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OPTIONAL SERVICE REQUIREMENTS:

My child(ren) would require Before/After School Care. ____ Yes ____ No
(Please complete and return the form located on the website – www.ctkschool.ca)

My child(ren) would require Bus Service. ____ Yes ____ No
I understand that bus service is only available if my address is within the bus service route.
(Please complete and return the form located on the website – www.ctkschool.ca)

WHY HAVE YOU CHOSEN TO SEND YOUR CHILD(REN) TO CHRIST THE KING SCHOOL?

HOW DID YOU HEAR ABOUT US?

To help better promote our school, please let us know how you found us! If it's not listed here, please indicate it below:

- Friend/Family Member referral
- Website / Internet Search
- I am Alumni

- Archdiocesan Website
- Billboard Advertising
- I attend CTK Parish

I hereby acknowledge that I have read and understood the Schedule of Fees including the available payment options, Code of Conduct and Parent Handbook. I acknowledge that I am responsible for all tuition fees as well as any bank charges that may occur due to insufficient funds.

In joining the school community, I agree to the terms and conditions as presented:

Date	Print Name	Parent/Guardian Signature

Note: Registration is not finalized until this application form has been completed and approved. Cheques should be made payable to Christ the King School. There is a \$50.00 charge for any NSF cheques.

If accepted, a deposit of \$250 per student is required to hold the student's spot. This deposit will be applied toward your tuition.

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REQUEST FOR INFORMATION

This form is presented by the Parent/Guardian of the Applicant to THE PRINCIPAL OF THE STUDENT'S CURRENT SCHOOL/ DIRECTOR OF THE CHILD'S DAYCARE, MONTESSORI, ETC. on behalf of:

Student Name	Current School:
MET #	
Current Grade	Current Principal:

The parent/guardian of the student named above agrees to permit their current school to release the information requested below for the purposes of its application process.

Date	Signature of Parent/Guardian	PRINT NAME
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Dear Principal,

The Student named above has applied to Christ the King School. We would appreciate your comments regarding this student as part of our admission process. This information will help us address the student's needs and will be kept in strict confidence. Your frank ratings and comments will ultimately aid the student, his/her family and our school.

Please return the completed form as soon as possible by FAX to (204) 257-2129. Thank you!

Please indicate the type of program the student currently follows:	<input type="checkbox"/> Regular	<input type="checkbox"/> Adapted	<input type="checkbox"/> Modified
Has the student ever been referred to the following (check all that apply)	<input type="checkbox"/> Resource	<input type="checkbox"/> Clinician Services	<input type="checkbox"/> Please Specify

Please describe the nature of the Resource or Clinician Services required:

Please rate the following items below, from Poor (1) to Excellent (5)

	1	2	3	4	5
Attendance	<input type="checkbox"/>				
Co-Operation	<input type="checkbox"/>				
Study Habits	<input type="checkbox"/>				
Academic Ability	<input type="checkbox"/>				
Academic Achievement	<input type="checkbox"/>				
Class Participation	<input type="checkbox"/>				
Participation in School Activities	<input type="checkbox"/>				
Relationships with Peers	<input type="checkbox"/>				
Relationships with Teachers	<input type="checkbox"/>				
Responsibility	<input type="checkbox"/>				

Has this student been a discipline problem?	<input type="checkbox"/> Severe	<input type="checkbox"/> Minor	<input type="checkbox"/> Not at all
Would you recommend this student for placement at our school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> With Reservation

Additional Comments:

Your Name (please print)	Position
Signature	School