

PRE-REGISTRATION FORM



**KING'S
TOWN**
SCHOOL

66 Rideau Street, Kingston, ON K7K 2Z7
 Phone: (613) 546-5123 Fax: (613) 546-9908
 Email: ask@kingstownschool.ca
 Website: www.kingstownschool.ca

PERSONAL AND CONFIDENTIAL

Section One - STUDENT INFORMATION

First name:	Last name:	
Prefers to be called:	Birth date (D/M/Y):	Current age:
Requested enrollment for grade		for September

Section Two: - CONTACT INFORMATION

Parent/guardian name:	
Address:	
City:	Postal code:
Home phone:	
Business phone:	
Cell phone:	
Email:	

Section Three - ALLERGIES / MEDICAL CONDITIONS AND MEDICATIONS

Please list your child's allergies and medical conditions.	Please list your child's medications.
1	1
2	2
3	3

Section Four - STUDENT PROFILE

Does your child have any special needs/exceptionalities that we should be aware of?

Does your child speak an alternate language at home? Yes No

Has your child every been suspended or expelled from school? Yes No
 If yes, please provide details.

Does your child have, or has he/she ever had, an I.E.P.? Yes No
 If yes, please provide I.E.P to King's Town School.

Section Five - PREVIOUS SCHOOL OR DAYCARE INFORMATION

School or daycare name and address: _____

Previous teacher: _____

Please note that we may or may not contact your child's previous school or daycare either in writing or by phone.

How did you hear about us?

- | | | |
|---------------------|-----------------------------|---------------------------|
| Word of mouth [] | Community newspaper [] | Material mailed to me [] |
| Internet search [] | Bus shelter ad [] | I don't remember [] |
| School brochure [] | Electronic billboard ad [] | Other: _____ |
| KTS website [] | Facebook page [] | |

Section Six - REPORTS

Please be prepared to bring in a copy of your child's latest report card once their visit day has been confirmed.

Section Seven - RELEASE

All information in this registration form is strictly confidential. The undersigned grants King's Town School permission to request and receive confidential information and to retain such materials in the applicant's Ontario Student Records.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____