

# REGISTRATION FORM 2011-2012



## KING'S TOWN SCHOOL

### A Private Montessori and Elementary School

66 Rideau Street, Kingston, Ontario, K7K 2Z7

#### PERSONAL AND CONFIDENTIAL

#### Section One: - STUDENT INFORMATION

First name:		Last name:	
Prefers to be called:		Birth date: (D/M/Y)	Age in Sept:
Street:		City:	
Province:	Postal code:	Home phone:	
Enrolling in grade:	Previous school:	Teacher:	

#### Section Two: - PARENT OR GUARDIAN INFORMATION

##### Parent / Guardian 1

First name:		Last name:	
Parent's address (if different than child's)			
Street:		City:	
Province:		Postal code:	
Home phone:		Business phone:	
Cell phone:		Email:	

##### Parent / Guardian 2

First name:		Last name:	
Parent's address (if different than child's)			
Street:		City:	
Province:		Postal code:	
Home phone:		Business phone:	
Cell phone:		Email:	

Preferred email for school daily correspondence:

#### Section Three: - EMERGENCY CONTACTS

Student's health card number:	
Doctor's name:	Doctor's phone:
In case of emergency contact (if parent unavailable):	
1. Name:	2. Name:
Daytime number:	Daytime number:
Relationship to child:	Relationship to child:

#### Section Four: - 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
Please supply pertinent medications eg: Epi-pen (one for the office & one for child) or puffers	

**Section Five: - PICK UP AND DROP OFF**

Please list all people who have permission to pick up your child (aside from emergency contacts)

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime number: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime number: \_\_\_\_\_

\* Please ensure all 'pick up' contacts have been introduced to the class teacher.

**Section Six: - STUDENT PROFILE**

Does your child have any special needs we should be aware of? Yes  No

Has your child been identified with an exceptionality? 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 Seven: - PUBLICITY RELEASE**

I give permission for my child to be photographed while at school and for these pictures to be used in:

School Website  School Publicity  Inner School Only

No full names or personal details will be divulged on the website, newsletter or newspapers.

**Section Eight: - RELEASE**

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

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

DATE OF ADMISSION: \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_