

PRE-REGISTRATION FORM



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):	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 that we should be aware of?

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

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

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?

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 Record.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____