THE KING'S SCHOOL Est. 1984

2024-2025 PRESCHOOL & KINDERGARTEN APPLICATION FORM

Include with this form:

- o \$100 application fee (per family)
- o Copy of student's birth certificate
- o Statement of Faith, signed
- Code of Conduct, signed

745 Kapelus Drive, West St. Paul, MB, R4A 5A4 admissions@thekingsschool.ca p: 204.989.6581 f: 204.989.6584 www.thekingsschool.ca

PROGRAM OPTIONS:								
 □ Preschool (Please check which days you are requesting) □ Part Time Kindergarten □ Kindergarten/Preschool Hybrid (limited spaces available) STUDENT INFORMATION: 				PRESCHOOL DAY OPTIONS: □ 2 Full Days: T/TH □ 3 Full Days: M/W/F □ 5 Full Days: M-F				
Legal Last Name		First and Middle Name		<u> </u>	Preferred First Name (if different)			
Sex Male Female		Birth Date (mm/dd/yyyy)		Languages spoken at home				
Citizenship		If in Canada as a temporary resident, on a work/study permit, or as a refugee,						
Specify		please include documentation: Temporary Resident Work/Study Permit Refugee Permanent Resident Date Entered into Canada (mm/dd/yyyy)						
Religious Affiliation		Place of Worship						
PARENT/CAREGIVER INFORMATION:								
☐ MOTHER / ☐ CAREGIVER		······································						
Last Name			First Name					
Primary Phone	Work Phone		Email Address					
Street Address			City & Province			Postal Code		
☐ FATHER / ☐ CAREGIVER		L						
Last Name			First Name					
Primary Phone Work Phone		e	Email Address					
Street Address			City & Province		Postal Code			
Student Lives With Mother & Father Mother Father Caregiver Other								
Please Note: If a custody agreement is in place, a copy of the agreement must accompany this application. If parents have shared/joint custody, both parents must sign the application form and supporting documents.								
OTHER INFORMATION: (Use this space, or attach additional papers with other information you consider relevant to the application process):								
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MEDICAL INFORMATION: Students with medical conditions and/or life threatening allergies (ie:anaphylaxis) that may require immediate action must complete a school URIS medical								
plan (health information remains in student file)								
Medical conditions that may require immediate action:								
Allergies that may require immediate action:								

STUDENT HISTORY:									
The King's School is not presently able to provide services for significant psychological, cognitive, behavioural or physical disabilities									
Has student received:	Please include a copy of any documentation for plans indicated								
	☐ Resource assistance ☐ IEP/AE	P/ALP/SSP ☐ IBP/BIP ☐ Speech ☐ Occupational Therapy							
	☐ Level 2 or 3 funded ☐ School	Psychology ☐ Gifted/Enrichment ☐ None							
Previous Child Care Faci	lity Name	Phone Number							
Name of Agency/Suppo	rt Service	Contact Person							
Reason for Service		Phone Number							
	ocumentation on a separate piece of	• •		Initial:					
	to be exchanged between the support agen		garding services received by the						
agency. I may withdraw this consent at any time by notifying the school in writing. Initial to the right: TERMS AND CONDITIONS OF REGISTRATION:									
	vww.thekingsschool.ca or by hard copy upon	request.)		Initial:					
	hat I have provided on this form is comp		notify the school of any						
changes to the information on this form.									
I understand failure to disclose pertinent information (ie. resource needs, medical issues, behavioural problems or past and									
present circumstances that in the opinion of the administration directly impacts the overall well-being of the student and the									
student community) may result in the rescission of the enrolment status of the applicant student at the time the information									
comes to the attention of the administration.									
I understand this may result in the mandatory immediate withdrawal of a student.									
I understand failure to accurately inform Administration about a change in needs may lead to the discontinuation of the school's									
ability to meet the student's needs in the future. This may result in the mandatory withdrawal of the student.									
I have read the 'Statement of Faith'. By choosing The King's School, we agree to respect The King's School's 'Statement of Faith' and agree to the transmission of the Christian perspective as it outlines.									
I have read and understood the 'Code of Conduct Policy' and understand its terms and conditions.									
I agree to abide by these terms and conditions and support The King's School staff as it seeks to carry them out.									
I have read and understood the 'Tuition Policy' and understand its terms and conditions.									
I agree to abide by these terms and conditions and support The King's School staff as it seeks to carry them out.									
I understand that The King's School is a uniform school and if my child is given an offer of admission, I agree to abide by the policy									
in place and will support The King's School staff as it seeks to carry it out.									
The King's School exi	sts primarily to spread a passion for	the glory of God through Jesus	Christ to every nation and	every					
generation. Inspirin	g and equipping students in a Christ	-centred learning environment	to live to their fullest pote	ntial					
	emically, spiritually, relationally, vo								
Drint Namo:	Cianational		Dato						
riiit Name:	Signature:		Date:						
Print Name:	Signature:		Date:						
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NOTES: It is the Parent/Caregiver's responsibility to notify Manitoba Education if the enrolment situation of their child(ren) changes during the school year.

Applications receive consideration provided The King's School has the necessary resources to support the student's needs.

Information collected will be limited to that required for the purpose(s) identified by the school. The school is committed to collecting personal information in a fair, open and lawful manner. Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the person or as required by law.