

This form is a legal document and must be completed in its entirety by the parent / legal guardian for students registering in the Montessori School of Calgary. The information for each legal guardian (including custodial parents) must be included on this form. Please print.

Applicant Information

Student Legal Name: _____
Last First Middle

Birth Date: _____ (MM/DD/YYYY) Gender: Female Male Undisclosed Unspecified

Birth Country: _____ Home Language: _____

Student is a Canadian Citizen: Yes No

If Canadian Citizen, name of Canadian document (e.g., birth certificate, passport, Canadian Citizenship Certificate):

If not a Canadian Citizen:

Name of document (e.g., Permanent Resident, Landed Immigrant, Refugee Claimant, Temporary Resident, Child of Canadian Citizen, Child of a lawfully admitted permanent or temporary resident, Stepchild of a Canadian or Temporary Foreign Worker):

Expiry Date Document: _____

Aboriginal Declaration: If you wish to declare the student Aboriginal, please check one:

First Nation (Status) First Nation (Non-Status) Métis Inuit

Resident Board: School board to which your taxes are directed. Check one:

Calgary Public Calgary Catholic Rockyview Other (Specify): _____

For further information, please refer to <https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx> or contact Alberta Education at 780-427-8501.

Program applied for: **Preschool** **Bambini** **Extended Day** **Elementary**
(Ages 3&4 – Half Day) (Ages 3&4 – Full Day) (Age 5 – Kindergarten) (Ages 6 – 12)

Date of Application: _____ School year applied for: _____

Application for Admission

Parents / Legal Guardians / Others

If there is more than one Legal Guardian, include the information for each guardian on this form whether the guardians live together or not.

A legal guardian may be a parent or other person who is legally responsible for the well-being of the child and makes important decisions for the child. Legal guardian is defined in section 1(2) of the Education Act and in the Alberta Government website.

Family Information

Student Address

Student Mailing Address: _____
City: _____ Province: _____ Postal Code: _____

Parent / Legal Guardian (1st Contact)

Last Name First Name Relationship to Student

Home Address: Same as Student

Or: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Cell Phone: _____

Company Name: _____ Work Phone: _____

Legal guardians live together: Yes No

If a court order is in place, a copy must be provided for the student record.

Copy of court order attached: Yes No

Custody: Sole Custody / Parenting Shared Custody / Parenting

If there are no court documents, a brief written summary of the current family status is required:

Parent / Legal Guardian (2nd Contact)

Last Name First Name Relationship to Student

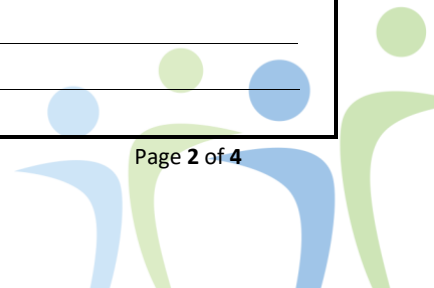
Home Address: Same as Student

Or: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Cell Phone: _____

Company Name: _____ Work Phone: _____



Application for Admission

Emergency Contact

Person to contact in case of emergency **other than** parent or guardian:

Name: _____ Phone: _____ Relationship to Child: _____

Email: _____ Home Address: _____

City: _____ Province: _____ Postal Code: _____

The Montessori School of Calgary releases children to person(s) for whom the school has received written authorization. Those person(s) authorized to pick up your child from the school are:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Siblings

Name: _____ D.O.B: _____ School: _____
(MM/DD/YYYY)

Name: _____ D.O.B: _____ School: _____
(MM/DD/YYYY)

Name: _____ D.O.B: _____ School: _____
(MM/DD/YYYY)

Medical Information

Please specify any serious medical conditions (diabetes, asthma, etc.), life-threatening allergies (peanuts, insect stings, shellfish, etc.) and if the student carries an EpiPen: _____

If required, please complete and submit the Severe Allergy Alert Form to the school.

Previous School Information

Has the student attended school elsewhere? Yes No

If **Yes**, provide

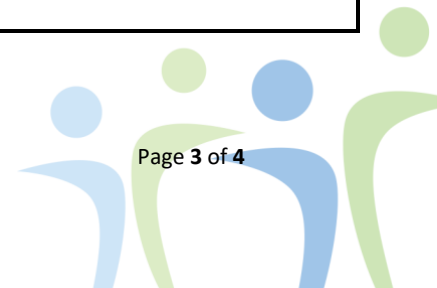
Name of the Last school Attended: _____

Alberta Education ID Number (if applicable): _____

Grade Completed: _____ Withdrawal Date (MM/DD/YYYY): _____

If applicable, I authorize the Montessori School of Calgary to contact current and previous schools to obtain information to support my child's application.

Parent or Legal Guardian Signature: _____ Date (MM/DD/YYYY): _____



Application for Admission

Other Information

How did you hear about the Montessori School of Calgary? _____

To which other schools are you applying? _____

What motivated you to apply to the Montessori School of Calgary? _____

Declaration

I, the undersigned, hereby represent that I have the legal authority to register the student identified on this form. I have identified all parents / legal guardians for the student. I declare the information that I have provided on this form is complete and accurate.

I will immediately notify the school of any changes to the information on this form.

Parent / Legal Guardian Name (**print**)

Parent / Legal Guardian Signature

Date (MM/DD/YYYY)

Admission Requirements - Please enclose the following with this application

- \$150.00 non-refundable application fee

(Please make cheques payable to Montessori School of Calgary. E-transfers should be directed to admissions@msofc.ca)

- Copy of student's birth certificate

(if the student is not Canadian, please include a copy of the Landed Immigrant Form or Student Visa)

- If applicable, a copy of the student's most recent school report

The information collected on this application form is protected under Personal Information Protection Act (PIPA). If the applicant is unsuccessful, this form along with any accompanying documents, test results and interview notes will be disposed of in a confidential manner. If the applicant is successful and enrolled at the Montessori School of Calgary, this information will be confidentially managed by the school. If you have any questions regarding the collection of student information by the school, please contact **Patti van Zeyl**, Head of School and Principal at patti.vanzeyl@msofc.ca or call 403-229-1011.

Office Use Only

ASN #: _____

