

Bishop Hamilton

Montessori School



2018-2019 Application For Enrolment

Student Information

Please include the \$200 Enrolment fee

Last Name: _____
 First Name: _____
 Date of Birth: _____

DD / MM / YY

Gender: M F

Address: _____
 City: _____
 Postal Code: _____

Home Phone : () _____

Lives With: Parents Mother Father Other

New Students:

Name of Current School: _____
 Address of Current School: _____
 Present Grade Level: _____

Level:

Infant (3 to 18 mths) * *Ext School Day & All Day Hrs Only*

Toddler (18 mths to 3 yrs)

Casa (3 & 4 yr olds)

Casa Ext Day (5 yr old)

Jr. Elementary (6 to 9 yrs)

Sr. Elementary (9 to 12 yrs)

Junior High (12 to 14 yrs)

Hours:

Half Day 8:30 - 12:00

School Day 8:30 - 3:30 (Includes PD days)

*Ext School Day 8:00 - 4:00 (Includes PD days)

*All Day 7:30 - 5:30 (Includes PD days)

Lunch Program

Requested Start Date: _____
 DD / MM / YY

Family Information

Mother

Name: _____
 Address: same as above _____
 City: _____
 Postal Code: _____
 Home Phone: _____
 Employer _____
 Occupation: _____
 Work Phone: () _____ Ext. _____
 Cell Phone: () _____
 e-mail: _____

Father

Name: _____
 Address: same as above _____
 City: _____
 Postal Code: _____
 Home Phone: _____
 Employer _____
 Occupation: _____
 Work Phone () _____ Ext. _____
 Cell Phone: () _____
 e-mail: _____

Authorized Student Pick Up

If I am unable to pick up my child, I authorize BHMS to release my child to:

1. Name: _____
 Relationship: _____
 Phone: () _____
 Cell: () _____

2. Name: _____
 Relationship: _____
 Phone: () _____
 Cell: () _____

3. Name: _____
 Relationship: _____
 Phone: () _____ Ext. _____
 Cell: () _____

4. Name: _____
 Relationship: _____
 Phone: () _____ Ext. _____
 Cell: () _____

(Please complete reverse side)

2018-2019 Application For Enrolment (continued)

Student's Last Name : _____ Student's First Name : _____

Medical Information

Doctor's Name: _____ Doctor's Telephone : _____

Medical Conditions: Yes No If Yes, Specify: _____

Allergies: Yes No If Yes, Specify: _____

Epipen Required: Yes No If Yes, Specify: _____

Health Card Number: _____

Emergency Contact Persons

(other than parents)

1. Name: _____	2. Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: () _____	Phone: () _____
Cell: () _____	Cell: () _____

Parental Consent and Authorization

I/we give permission for my child to participate in field trips organized by BHMS. I understand that all reasonable care will be taken in supervising of the transportation and activities of the children. I release the school, its employees and parent volunteers from any liability. YES NO

I/we hereby authorize the staff of BHMS to secure such medical advice and services as may be deemed necessary for the health and safety of my child. YES NO

I/we give permission for my child's photo to be used for promotional purposes, flyers and posted on the BHMS website. YES NO

I/we agree to take an active role in our child's education and in the BHMS Community by observing my child's classroom, attending parent information sessions, parent/teacher interviews, breakfasts and pot lucks, science fairs and school concerts and by supporting and participating in school events. YES NO

I/we confirm that all information as contained within this application for enrolment is accurate.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

This form must be signed by both parents/guardians. Supporting documentation of sole custody or other special conditions must be attached.

For Office Use

Check List (New Applicants)

- | | |
|--|--|
| <input type="checkbox"/> Completed & Signed Application for Enrolment | <input type="checkbox"/> Copy of Immunizations or Vaccine Exemption from Public Health |
| <input type="checkbox"/> Completed & Signed Enrolment Contract | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Copy of Health Card |
| <input type="checkbox"/> Completed Public Health Department School Entry Immunization Form | <input type="checkbox"/> Nutritional Regualtions Form |
| | <input type="checkbox"/> Intake Interview Form |
| | <input type="checkbox"/> Two Recent Photos |
| | <input type="checkbox"/> Top Marks Uniform Package |

Application received: _____

OSR Requested: _____

OSR Received: _____

Start Date: _____

Class Assigned: _____