



Office Use:		
Date Received:	_____	
<input type="checkbox"/> E-transfer	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash

K-8 Enrollment Application 2026-2027

Student and Family Information

Full Legal Name: _____
Last First Middle

Registering for Grade _____ Birthday: _____ Gender: Male Female
Month Day Year

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Father/Guardian: _____
First name/Last name email

Phone Place of Employment Work Phone

Mother/Guardian: _____
First name/Last name email

Phone Place of Employment Work Phone

Church Affiliation: _____

Marital Status: Married Common Law Divorced Separated Other _____

Student lives with: Parents Father Mother Legal Guardian Foster Parents Other _____

Siblings

	<i>First name/Last name</i>	<i>Gender</i>	<i>Birthdate (Month/Day/Year)</i>
		Male <input type="checkbox"/>	Female <input type="checkbox"/>
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a **family character** references that is not a relative:

1. _____
First name/Last name Relationship Phone #

Educational History

School Division Catchment: _____

Past Schools (pre-school for K registration) 1. _____ Year(s) Attended: _____

2. _____ Year(s) Attended: _____

Please complete the following:

	YES	NO	Dates Received	Please Describe
Resource or EA support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Speech/Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Individual Education Plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Academic Adaptations	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Guidance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Behavior Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

I grant permission for Prairie Crossroads School to contact and receive information from my child's previous school(s) and support services.

Signature: _____ Date: _____

Citizenship

Canadian Citizen Permanent Resident Landed Immigrant Other _____

Language spoken at home: _____ Fluent in English: YES NO

Student Health Information

Medical # (9-digit): _____ Family # (6-digit): _____

Allergies: YES NO If yes, please list: _____

Health Issues: YES NO If yes, please list: _____

Emergency Contacts

If the Parents/Guardians are unavailable during an emergency, the school should call:

1. _____
First name/Last name Relationship Day time phone #

2. _____
First name/Last name Relationship Day time phone #

General

I grant permission for the school to display my child's picture in the following places

- *On school bulletin boards*
- *Password protected areas on the website or apps that only PCS families can access*
- *In school newsletters distributed to PCS families*
- *School Yearbooks*
- *Social media*
- *Promotional material*

Signature: _____ Date: _____

I grant permission for the school to transport my child by bus to school sponsored activities when necessary.

Signature: _____ Date: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

By completing this application form, we/I understand, accept and will abide by:

- *The PCS Statement of Mission, Faith, Values and Guiding Principles which we have received and read.*
- *The tuition, fees and payment terms for the applicable school year.*

Father/Guardian
Signature: _____ Date: _____

Mother/Guardian
Signature: _____ Date: _____

Payment

Enrollment application must include:

- A copy of student's birth certificate*
- A copy of student's **June 2025 Report Card** and **November 2025 Report Card** if applicable.*
- Non-refundable Application fee - \$100. E-transfer to admin@prairiecrossroads.ca or Cheques payable to Prairie Crossroads School*

Note: Submission of application form does not guarantee enrolment.

Mail completed application form to:
Prairie Crossroads School
610B 1st St.
Morden, MB, R6M 1V7
Or email: admin@prairiecrossroads.ca