



Enrollment Application for Admission 2023-2024

Student Information

Full Legal Name: _____
Last First Middle

Birthdate: _____ Gender: Male Female
Month Day Year

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

School Last Attended: _____ Registering for Grade: _____

Does the student have specific social/emotional needs? Has resource help been received? Has academic program been modified, or have any special learning difficulties been identified?

YES

NO

If yes, please explain: _____

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: _____

Family Information

Father/Guardian: _____
First name/Last name *email* *Phone*

Place of employment _____ Work Phone: _____

Church Affiliation: _____

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>Birthday (Month/Day/Year)</i>
	Male Female	
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 2 **family character** references that are not relatives:

1. _____
First name/Last name *Relationship* *Phone #*

2. _____
First name/Last name *Relationship* *Phone #*

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

- | | | |
|---------------------------------|--------------------------------|--|
| YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | <i>On school bulletin boards</i> |
| YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | <i>Password protected areas on the website or apps that only PCS families can access</i> |
| YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | <i>In school newsletters distributed to PCS families</i> |
| YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | <i>School Yearbooks</i> |
| YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | <i>Social media</i> |
| YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | <i>Promotional material</i> |
| YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | <i>I grant permission for the school to transport my child by bus to school sponsored activities when necessary.</i> |

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*
- 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