



ST. BONAVENTURE'S COLLEGE

For School Use Only

Date rec'd _____

Appl. Fee _____

Interview _____

KINDERGARTEN APPLICATION FORM

A \$150 non-refundable application fee is required with this form.

The application form is due the last day of February of the year prior to the year the student is scheduled to start Kindergarten (18 months before the start of Kindergarten). You will be contacted to schedule an interview in March of the year prior to the year the student is scheduled to start Kindergarten

Section A: General Information

Male Female Name of Applicant in Full: _____
Surname First Name Middle Name/Initial

Date of Birth: _____ Present Age: _____ For what grade: _____ For what year: _____
Month/Day/Year

MCP Number _____ Religion: _____

<i>(Please circle one)</i>	Mother/Guardian			Father/Guardian	
	Mrs.	Ms.	Dr.	Mr.	Dr.
Surname					
First Name					
Street Address					
City					
Province					
Postal Code					
Phone	Home	Work		Home	Work
Cell					
E-mail					
Student lives with (please check)					

Does your child require any special services? Yes No

If yes, please explain _____

Does your child have any health issues? Yes No

If yes, please explain _____

Section A (continued)

Siblings:

(Please check one)

Name	Grade	Attending	Applying

DATE: _____
Month/Day/Year

Signature: _____
Parent/Guardian

All information submitted on this form is for school use only and will not be distributed to any third party.