



ST. BONAVENTURE'S COLLEGE

For School Use Only

Date rec'd _____

Appl. Fee _____

Interview _____

KINDERGARTEN APPLICATION FORM

A \$225 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.