



ST. BONAVENTURE'S COLLEGE

For School Use Only

Date rec'd _____

Interview _____

KINDERGARTEN APPLICATION FORM

Section A: General Information

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 _____

	Parent/Guardian		Parent/Guardian	
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

How did you learn about St. Bonaventure's College:

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.