



REGENT ACADEMY

APPLICATION FOR ADMISSION KINDERGARTEN

Student's Legal Name: _____
(Last) (First) (Middle)

Age: _____ Birth Date (DD-MM-YYYY): _____ Family Primary Phone: (_____) _____

Student's Current Grade Level: _____ Grade Level Student is Applying For: _____ Health Services #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Country of Birth: _____ Citizenship: _____ Language Used in Home: _____ Gender: _____

Full Name of Father/Guardian (Include Title: i.e., Mr., Pastor, Dr.): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Primary Email Address: _____

Occupation: _____ Employer: _____

Church currently attending: _____ Pastor's Name: _____

Full Name of Mother/Guardian (Include Title: i.e., Mr., Pastor, Dr.): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Primary Email Address: _____

Occupation: _____ Employer: _____

Church currently attending: _____ Pastor's Name: _____

PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY:

- Student lives with both parents
- Parents are separated
- Parents are divorced
- Mother is deceased
- Father is deceased
- Mother has custody
- Student lives with Mother
- Father has custody
- Student lives with Father
- Grandparent(s) has(have) custody
- Joint custody of student is held between _____ and _____.
- Custody arrangements have been court adjudicated. (If applicable, a notarized copy of such adjudication must be filed along with the application before enrolling the student.)

PLEASE NAME THE PERSON RESPONSIBLE FOR PAYMENT OF TUITION AND FEES:

Name: _____ Address: _____
City: _____ Province: _____ Postal Code _____ Phone: (_____) _____
E-Mail Address: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) Has the applicant had a clinical diagnosis of a learning disability? Yes _____ No _____ If yes, please explain:

2) Has the applicant ever been recommended for any special testing or services, whether or not that recommendation was followed? Yes _____ No _____ If so, please explain the circumstances:

3) Has the applicant ever undergone psychiatric, emotional, or behavioural testing, treatment, or counselling?

Yes _____ No _____ If yes, please explain: _____

4) Has the applicant ever been prescribed any behaviour-modifying drugs? Yes _____ No _____ If yes, explain and include name(s) of medication(s): _____

5) Is the applicant currently taking prescription medication(s)? Yes _____ No _____ If yes, list name(s) of medication(s) and the purpose: _____

6) Has the applicant sought help for or been diagnosed with mental or emotional instability? Yes _____ No _____
If yes, please explain: _____

7) Has the applicant demonstrated negative social behaviour (i.e., disrespect, fighting, name calling)?

Yes _____ No _____ If yes, explain: _____

8) If the applicant has any physical limitations or chronic illnesses of which we should be aware, please explain.

9) Please use the space below for other pertinent information about your child or family situation that you think could help the school to meet your child's needs.

10) Please briefly outline your reason for applying to Regent Academy.

11) How did you hear about Regent Academy:

NOTICE OF NONDISCRIMINATORY POLICY REGARDING STUDENTS

Regent Academy admits students of any race, colour, nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, colour, nationality and/or ethnic origin in the administration of its educational policies, admissions policies, and athletic and other school-administered programs.

I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Regent Academy. I also understand that I may be asked to provide additional written information.

Father/Guardian Signature: _____ Date _____

Mother/Guardian Signature: _____ Date _____

Thank you for your interest in Regent Academy. You will be contacted within 5 business days of the receipt of this application and the accompanying processing fee.

If you have any more questions about the application process please direct them to:

Regent Academy
888 Central Ave.
Prince Albert, SK S6V 4V1
(306) 763-4431

For office use only: