



KING OF KINGSLUTHERAN SCHOOL

EDUCATING FOR A MEANINGFUL LIFE

Office: 780.459.1909

Fax: 780.459.1904

54211 Range Road 253

St. Albert, AB T8N 3X

ENROLMENT PROCEDURE

To apply for the enrolment of your child in our school, please complete this form and forward it to the school office. We will then contact you to arrange a suitable interview time with the Principal. Birth Certificate and Immunization Records (if applicable) of each prospective student will need to be produced before the child can be registered.

PERSONAL DETAILS OF PROSPECTIVE STUDENT

Name _____
Legal Surname _____ Given Names _____

Gender M / F _____ Date of Birth _____ Religion/Denomination _____

Previous Schools/Preschool attended _____

Year to start at King of Kings _____ Grade (please circle): K 1 2 3 4 5 6

Country of Birth: _____

Who has custody of this child? (please circle): Parents; Mother; Father; Other _____ (specify)

Is this student of First Nation, Metis or Inuit origin?

No

Yes, Metis

Yes, First Nation

Yes, Inuit

FAMILY DETAILS

Father/Male Guardian: _____
Legal Surname _____ Given Names _____

Home Phone: _____ Work _____ Cell _____ E-Mail: _____

Address: _____

Postcode: _____

Occupation & Workplace: _____

Nationality: _____ Marital Status: _____

Mother/Female Guardian: _____
Legal Surname _____ Given Names _____

Home Phone: _____ Work: _____ Cell: _____ E-Mail: _____

Address: _____

Postcode: _____

Occupation & Workplace: _____

Nationality: _____ Marital Status: _____

CHURCH ASSOCIATION

Is the family actively associated with a church? Yes / No

Is the child Baptised: Yes / No

Name of present congregation: _____

Minister: _____

SIBLINGS

Does the student have any brothers or sisters?

Yes / No If Yes, please list their details below: Name Date of Birth Year Level (if at school)

Language used at home (if not English) _____

PLEASE DECLARE ANY SPECIAL NEEDS YOUR CHILD MAY HAVE:

Visually Impaired:	Yes No	Details: _____
Hearing Impaired:	Yes No	Details: _____
Intellectually Impaired:	Yes No	Details: _____
Physically Impaired:	Yes No	Details: _____
A.D.D. or AD/HD:	Yes No	Details: _____
Autism/Aspergers:	Yes No	Details: _____
Social/Emotional:	Yes No	Details: _____
Learning Difficulty:	Yes No	Details: _____
Speech Impaired:	Yes No	Details: _____
Gifted:	Yes No	Details: _____

Has a Specialist Ever Assessed This Child for Developmental, Learning or Behavioural Problems

Guidance Officer	Yes No	Occupational Therapist	Yes No	Paediatrician	Yes No
Child Psychologist	Yes No	Speech Therapist	Yes No	Optometrist	Yes No
Other		Reports:		Yes No	
Would you be willing to share reports with the school ?				Yes No	
Does your child take medication on a regular basis?				Yes No	

In making application for enrolment for our child, we undertake to fully support, willingly and freely, the stated aims of King of Kings Lutheran Christian Elementary School.

We accept responsibility to pay all school fees and charges when and as they fall due.

Parent/Guardian Signature/s

_____ Date ___ / ___ / ___