

MEDICAL

Alberta Health Care Number: _____

1. Please give a brief description of any medical or physical conditions that would require special planning or consideration for your child’s participation or involvement in school activities.

2. Is your child taking any prescription medications for ongoing conditions? _____ Yes _____ No

If “yes”, please give further information: _____

3. Has your child ever been diagnosed with mental, physical, emotional, learning or behavioral issues or have you ever been concerned about any of these? _____ Yes _____ No

If “yes”, please explain: _____

4. Has your child ever accessed any of the following services since birth: _____ Yes _____ No

If “Yes”, then please attach copies of all assessments and documentation. Documentation attached: _____

Yes	Year	Service
		Auditory Assessment
		Speech/Language/Therapy/ Assessment
		COPE
		Scotopic Sensitivity Assessment
		Occupational Therapy/ Assessment (behavioral & fine motor)
		Physiotherapy Assessment
		Optomologist Assessment
		Psychological Therapy/ Psychoeducational Assessment

Yes	Year	Service
		Developmental Clinic/Specialist at the Children’s Hospital
		Early Literacy Instruction (EIL)
		Special Education Funding
		Program Unit Funding (PUF)
		Student Health Partnership
		Resource
		Special Education Classes
		Individual Program Plan (IPP, IEP, etc.)

5. Please note any additional information which would assist the school in knowing this student as an individual. (e.g. temperament, family history of learning issues, etc. Please keep the school updated of new developments.)

PLACEMENT: (Age Requirement: Child must turn 5 by December 32 of the year enrolled.)

Year Applying for: _____

Name of daycare, pre-school or Kindergarten attended: _____

Phone #: _____ Contact Person: _____

Please initial this box to indicate that you give permission for us to contact your child’s pre-school, daycare, or school for more information on your student records. Please note that we are not able to further process this application without this initialization.

Kindergarten programs offered are two full days (Mon/Wed or Tues/Thurs) and alternating Friday mornings. Your first choice cannot be guaranteed, but it would be helpful to know your preference and any circumstances that would make one preferable over another. Please rank the following choices:

Mon/Wed/Alternate Fridays: _____ Tues/Thurs/Alternate Fridays: _____

Considerations regarding class placement: _____

DECLARATION: I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Fathers Signature: _____ Date: _____

Mothers Signature: _____ Date: _____

Guardian Signature (if applicable): _____ (Please provide custody Documentation)