

NON – RESIDENT STUDENT APPLICATION (K-12)

GREATER ST. ALBERT ROMAN CATHOLIC SEPARATE SCHOOL DISTRICT NO. 734
6 St. Vital Avenue
St. Albert, AB T8N 1K2

DATE: _____

1. Demographic Information

| | |
|---------------------------------------|------------------|
| Student Name: | |
| Grade K-12: | Birth Date: |
| Parent(s)/Guardian(s): | |
| Address: (Rural-Legal Description) | |
| Phone Number: | (Home) (Work) |

2. Resident Board: _____

3. Please identify any special learning supports that would benefit your child:

| | |
|------------------|------------------------------|
| a) Academically: | b) Behaviorally/Emotionally: |
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| | |
| c) Physically: | d) Other: |
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e) I am not aware that my child is in need of any special learning supports.
 (please check if applicable)

4. Current Academic Functioning (N/A Kindergarten)

- Please provide a copy of the most recent report card.

5. Rate Your Child's Overall Academic Range.

Weak ___ Below Average ___ Average ___ High Average ___ Superior ___

6. School History – Include

- Schools attended / grades repeated / special programming

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7. Reason for Application:

8. In accordance with the Greater St. Albert Roman Catholic Separate School District No. 734 administrative procedure on Resident/Non-Resident Student Status/Admissions, I do give permission for the Principal or designate to contact my child's current/previous school(s) to obtain information which will help determine the educational needs of my child.

Date

Parental Signature

District School

Principal's Signature