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## GRADES 1-9 STUDENT APPLICATION FORM

### STUDENT PROFILE

Legal Name of Child: \_\_\_\_\_  
Legal Surname \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Also known as: (if different than legal name) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade applying for: \_\_\_\_\_ Year applying for: \_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mother's /Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*Guardian signatures require appropriate documentation.

### CITIZENSHIP / ESL

- \_\_\_\_ Canadian Citizen (1)  
\_\_\_\_ Permanent Resident/Landed immigrant (2)  
\_\_\_\_ Child of Canadian Citizen (student not Canadian citizen) (6)  
\_\_\_\_ Child of individual lawfully admitted to Canada for permanent or temporary residence (7) Expiry date: \_\_\_\_\_  
\_\_\_\_ Other (9) Explain: \_\_\_\_\_

A Vital Statistics Document must be presented to the school to verify the student's legal name, citizenship and birthdate. (ie: Canadian Birth Certificate, Citizenship Certificate, Adoption Certificate, Passport, Visa or Permanent or Landed Immigrant/Residence Documentation)

Verified: \_\_\_\_\_

1. What is your child's first language? \_\_\_\_\_
2. Is your child fluent in English (understands and speaks well)? \_\_\_\_\_
3. Languages spoken at home: \_\_\_\_\_
4. Do you as a parent need assistance with interpretation? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has your child ever accessed an ESL program? Yes \_\_\_\_\_ No \_\_\_\_\_

Note:  
Trinity Christian School  
does not have a formal  
ESL program.

### ALBERTA EDUCATION GRANT CODE INFORMATION

If you wish to declare that this student is an aboriginal person, please specify:

- \_\_\_\_ Status Indian/First Nations (331) \_\_\_\_\_ Metis (333)  
\_\_\_\_ Non-Status Indian/First Nations (332) \_\_\_\_\_ Inuit (334)

### SCHOOL DATA

Alberta Education I.D. # \_\_\_\_\_

Name of last school attended: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address of last school: \_\_\_\_\_

Phone of last school: \_\_\_\_\_ Fax of last school: \_\_\_\_\_

Please initial the box to indicate that you give permission for us to contact your school or teachers for information on your student records. Please note that we are not able to further process this application without this initialization.



## MEDICAL INFORMATION

Student's Name: \_\_\_\_\_ AB Health Care Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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 assessment 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
		Ophthalmologist Assessment
		Psychological Therapy/ Psychoeducational Assessment

Yes	Year	Service
		Developmental Clinic/Specialist at the Children's Hospital
		Early Literacy Instruction (ELI)
		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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature\* (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

\*Please provide custody documentation.

**I understand providing false or misleading information may be cause for revocation of admission.** (Initial) 