



School District #43(Coquitlam)

Montgomery Middle School

Application for the late entry Montessori Program of Choice for September 2016

I would like my child to be considered for the middle school classes using Montessori principles.

My child will be entering **Grade 6** **Grade 7** **Grade 8**

Student's LEGAL Name: _____
 (As it appears on Birth Certificate) Last First Middle

Student's Called Name: _____
 (If different from above) Last First Middle

Address: _____ City: _____ Postal Code: _____

Home Tel. No. (____) _____ Current Grade: _____ Sex: Male Female Birth Date _____
d/m/year

Citizenship: Canadian Citizen Landed Immigrant International

Country of Birth: _____ Language spoken at home: _____

Native Indian Ancestry: Yes No (Status, Non Status, Metis)

Parent's Name: _____ Relationship to Student: _____

Telephone: Home: (____) _____ Work: (____) _____ Cell:(____) _____

Lives with student Yes No E-mail: _____

Parent's Name: _____ Relationship to Student: _____

Telephone: Home: (____) _____ Work: (____) _____ Cell:(____) _____

Lives with student Yes No E-mail: _____

Please indicate if the school administration should be aware of any custody or court order information for the protection of your child.
 Yes No If yes, please make arrangements to discuss this situation with the school administration.

PLEASE NOTE:

- Placement in the late entry Montessori Program will be determined, based on space availability, on a first come, first served basis, and is restricted to school district residents only (proof of residency will be required by the school upon registration).
- Transportation, if required, is the responsibility of the parent.

REGISTRATION DEADLINE: Wed. Feb. 17th, 2016 4:30 pm

Please return the complete package including the Application Form, Parent Information Form and Student Information Form to Montgomery Middle School, in person, by mail or email **by Feb. 17th, 2016.**

1900 Edgewood Ave – Coquitlam, B.C. V3K 2Y1

****Students registered after Feb. 17th will be placed on a waitlist****

EMERGENCY ALTERNATE NUMBERS

1) Name: _____ Relationship to student: _____

Telephone: Home: (____) _____ Work: (____) _____ Cell:(____) _____

2) Name: _____ Relationship to student: _____

Telephone: Home: (____) _____ Work: (____) _____ Cell:(____) _____

Translator/Interpreter's Name: _____ Telephone _____

MEDICAL INFORMATION

Are there any particular problems your child may be experiencing which his/her teacher should be aware of?

Physical Disability

Allergies

Serious illness

Please explain: _____

Doctor's Name: _____ Telephone: _____

Personal Health Care Number: _____

LAST SCHOOL ATTENDED

In district

Out of district

Out of province

Out of country

Name of school: _____ Grade: _____ Phone Number: _____

OFFICE USE ONLY

Student ID # _____

PEN # _____

Advisory _____

Core Teacher _____

Information collected for students is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational program purposes, and, when required, may be provided to health services, social services or other support services as outlined in Section 79 (2) of the School Act. The information provided on this form is protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of the school or the Information & Privacy Officer, School District 43, 550 Poirier Street, Coquitlam, B.C. V3J 6A7. Phone 604-939-9201.

I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.

Date

Parent Signature