

HALIFAX INDEPENDENT SCHOOL

3331 Connaught Avenue

Halifax, NS B3L 3B4

Telephone: (902) 423-9777 Fax: (902) 423-9555 E-mail: admin@halifaxindependentschool.ns.ca

APPLICATION FORM

Child's Name: _____
Surname First Name Usual Name

Birthday: _____ Gender: M/F To begin when? _____ At which grade level? _____
Day/Month/Year (circle one)

Home Address: _____
Street / Apartment # / P. O. Box

City/Town Postal Code Telephone #

Parents/Guardians:

Parent A: _____
Title Surname First Name

Email: _____

Address: _____
(if different from above) Street / Apartment # / P. O. Box City/Town Postal Code

Telephone: _____
Home Business Cellular

Parent B: _____
Title Surname First Name

Email: _____

Address: _____
(if different from above) Street / Apartment # / P. O. Box City/Town Postal Code

Telephone: _____
Home Business Cellular

Siblings:

Name Birthday School

Name Birthday School

Name Birthday School

SEE OVER ---->

FOR SCHOOL USE ONLY

\$100 Application Fee _____ Birth Certificate _____ Follow-up _____
Acknowledged _____ Report Card _____ Acceptance _____
Open House _____ School Visit Date _____ Deposit _____

Overall state of health: _____

Are there any allergies or other health concerns the school should know about?

Does your child have any special needs (educational, emotional, social, etc.)?

School(s) previously attended: _____
(including pre-school, nursery & daycare) Name of School Address Dates

We would like your permission to contact the previous school(s) for a confidential report. Please indicate the name of the person/people who would know your child best:

Phone: _____

How would you summarize your child's experience in previous schools/daycare/nursery schools?

Language(s) spoken in the home: _____

Child's favourite hobbies and activities: _____

Child's favourite book(s): _____

Why do you want your child to come to the Halifax Independent School? _____

How do you hope to contribute to the school community?

How did you hear about our school? _____

The parents/guardians submitting this application are all those having legal custody over the child.

Date: _____
Day/Month/Year

Signature: _____
Parent/Guardian

Date: _____

Signature: _____
Parent/Guardian

Please attach: \$100 application fee, photocopy of birth certificate, most recent report card and a copy of all reports flowing from educational psychiatric assessment(s). *Application fee is waived for siblings of **current** Halifax Independent students.*