

APPLICATION FOR ADMISSION – NON-RESIDENT STUDENT

Date: _____

Student's Name: _____

Grade: _____ School: _____

Mother's/Guardian's Name: _____

Phone: _____

Address: _____

Father's/Guardian's Name: _____

Phone: _____

Address: _____

District of Residence: _____

Last School Jurisdiction: _____

Last School Attended: _____

Declaration by Parent(s)/Guardian(s) or Independent Student

We are/I am fully aware and fully supportive of the religious and moral objectives of Medicine Hat Catholic Regional Schools, and we/I understand clearly that our/my child's participation in all Catholic education activities, including Religious Studies classes, Liturgies and Celebrations at all grade levels, are a condition of student registration in any of the Medicine Hat Catholic Regional Schools.

Signature of Parent(s) /Guardian(s) or signature of Independent student

Signature of Parent(s) /Guardian(s) or signature of Independent student

Signature of Receiving Principal