



# RETURNING STUDENT APPLICATION FORM

WE ARE SO HAPPY YOU HAVE CHOSEN TO CONTINUE WITH WCAS.

## APPLICANT INFORMATION

**Student:** Usual Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Legal student name: \_\_\_\_\_  
Surname First Name Middle Name(s)

Address (if changed): \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_

Phone (if changed): (\_\_\_\_) \_\_\_\_\_ Email address (if changed): \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Special Conditions: Please indicate if the applicant has any NEW behavioural and /or learning difficulties which have been previously experienced and/or diagnosed and indicate if there have been any formal evaluations or assessments done  none, or: \_\_\_\_\_

## IF ANY CHANGES HAVE OCCURRED COMPLETE THE FOLLOWING:

Parents are:  Married  Separated  Divorced  Widow(er)  Single

Applicant Lives with:  Both parents  Father  Mother  Guardian

## PARENTAL COMMITMENT

In making this application:

1. I understand that the grade placement of my child will be made upon the recommendation of the principal/teacher.
2. I understand that I must communicate with the principal/teacher to report any situations affecting school and student learning.
3. I understand the financial policy and understand that I must notify the principal/teacher in advance of any necessary purchases or curriculum activities being pursued.
4. To the best of my knowledge the information on the "Returning Student Application Form" is complete and accurate.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date