



RETURNING STUDENT APPLICATION FORM

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

APPLICANT INFORMATION

Student: Usual Name: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> 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 Signature

Date