



Student Information Form 2019-2020

Student's Legal Name:			
Date of Birth:		School:	

Parent Information	
The following student information is required for the application process: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Completed Registration Form <input type="checkbox"/> Previous/Current Report Card <input type="checkbox"/> Band Name	
Why do you want your child to attend Wolf Creek Public Schools? _____ _____	
Does your child have siblings/relatives currently attending Wolf Creek Public Schools? <input type="checkbox"/> Yes (please list name and school) _____ _____	
<input type="checkbox"/> No	
School History for the past 5 years (Where did your child go to school?) 2018-2019 _____ 2017-2018 _____ 2016-2017 _____	
Is your child involved with any other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the agencies _____	
Does your child have any Educational programming needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete page 2	
Other information you feel the school should be aware of? _____ _____ _____	
I commit to providing the support and opportunity for my child to attend school regularly. I have read and understand the procedure for accepting non-resident students	
_____ Parent Signature	

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Was your child in a Regular Program: Yes No
If No, continue to complete this form.

Other Program: (please check applicable program)

- Modified academic
- Behavior
- Alternative (Outreach or WC Academy)
- Knowledge and Employability
- Lifeskills Room
- Additional Programs from Outside Wolf Creek Public Schools

Check if applicable for your Child:

- Had an IPP/APP
- Received accommodations on exams (ie. Extra time, reader, scribe)
- None

In order to provide the best educational program for your child, additional information is necessary from other professionals or agencies who have been involved with your child. This information may help us to qualify your child for supports and services. Please check the applicable boxes:

- Psychologist (Psychotherapy)
- Social Worker/ Family School Wellness
- Occupational Therapy/ Physical Therapy
- Audiologist/Speech/Language Therapist
- Visual Impairment

Please indicate if there are any issues Administrations/Counsellors should be aware of (ie. Attendance)

I declare the above information is accurate and complete.

Parent/Guardian Signature

Date

ALL Documents submitted by _____

Date: _____

ENROLLMENT APPROVED by: _____
Administrator