

## New Student Registration Form (Grades 1-7)

Name of Child \_\_\_\_\_

Grade \_\_\_\_\_

*St. Mary's School is committed to meeting the learning needs of students. Information is central to planning programs and hiring personnel. Information disclosure does not necessarily preclude a student's acceptance into St. Mary's, but rather is used to ensure we will provide the best educational program possible with available staffing resources.*

### School History

Please list the last two schools attended, starting with the most recent, and enclose a copy of your student's report cards for the last two grades completed.

School Name \_\_\_\_\_

School Complete Address \_\_\_\_\_  
\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

School Name \_\_\_\_\_

School Complete Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Educational Support Services

1. Is English your child's first language? Yes  No

If not, what is his/her first language? \_\_\_\_\_

What languages are spoken in your home?

Primary language \_\_\_\_\_ Other \_\_\_\_\_

2. Has your child been referred to any of the following specialists? Have they received support in the last year?

Behavioural Consultant/Interventionist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Counsellor	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Occupational Therapist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Optometrist/Ophthalmologist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Pediatrician	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Physiotherapist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Psychiatrist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Psychologist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Speech-Language Pathologist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Teacher of the Deaf and Hard of Hearing	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Other _____	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>

Are you able to attach a copy of any assessment(s)? Yes  No

3. Has your child been diagnosed with, or do you suspect any of the following?

ADD/ADHD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anxiety/Depression	Yes <input type="checkbox"/> No <input type="checkbox"/>
Autism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Behaviour Support Needs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deaf/Hard of Hearing	Yes <input type="checkbox"/> No <input type="checkbox"/>	FASD	Yes <input type="checkbox"/> No <input type="checkbox"/>
Intellectual Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Learning Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visual Impairment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**4. Has your child ever experienced any of the following?**

Social interaction/relationship issues at school      Yes  No   
Emotional (including anxiety) issues at school      Yes  No   
Behavioural issues at school      Yes  No

**5. Has there ever been, or is there currently, a behaviour and/or safety plan in place for your child?      Yes  No**

**If yes, please explain \_\_\_\_\_**

**6. Has your child received, or is your child receiving, any of the following support services?**

Counselling Support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Assistant (EA) support	Yes <input type="checkbox"/> No <input type="checkbox"/>
ELL or ESL support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Enrichment/Gifted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Learning Assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Psych Ed Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Education	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**7. Does your child have an Individual Education Plan (IEP), Student Learning Plan (SLP), Student Support Plan (SSP) or Learning Support Plan (LSP)?      Yes  No**

***If yes, please attach a copy of the most recent IEP, SLP, SSP or LSP.***

**8. Has your child had or is your child currently receiving tutoring outside of school?**

**Yes  No**

**9. Is there anything else you wish to convey to the school about your child's character or background?**