



SHAMBHALA SCHOOL

Genuine Delight in Learning

Pre Primary Application for Admission 2019/2020

Student

Last Name: _____ First Names: _____

Date of Birth: DD/MM/YY ____/____/____ Gender: _____

Position Desired : Full Day 5 days per week 4 days per week Partial Day(5 days only)

If attending 4 days, indicate your preferences for a day off (we may not be able to comply with your choices) 1st choice _____ 2nd choice _____

Parent 1/Guardian

Last name: _____ First Names: _____

Address: _____ City: _____

Postal Code: _____ Email: _____ Phone _____ H.:

Employer: _____

Occupation: _____ Phone W: _____

Parent 2/Guardian

Last name: _____ First Names: _____

Address: _____ City: _____

Postal Code: _____ Email: _____ Phone _____ H.:

Employer: _____

Occupation: _____ Phone W: _____

Place of Residence: (please check appropriate box)

both parents with parent 1 with parent 2 with guardian shared custody

Languages spoken in the home besides English, if any _____

GENERAL INFORMATION

Siblings (*in order of birth*)

Name

Age

School/Occupation

Other members of the family, if any, who have previously attended the Shambhala School (*names and dates*)

Child Care Attended (*last one first*)

Name of School

Location

Dates

Please describe your child's experience with child care, including preschools and play groups:

Has your child participated in activities such as sports and or dance classes? If yes, please describe:

Does your child have any food allergies or medical needs?

Is there any other information about your child that would help us to support them:

What interests you about the Shambhala School?

Please note that a recommendation form completed by a current daycare or caregiver must accompany this application.
