



# SHAMBHALA SCHOOL

Genuine Delight in Learning

## Grade Primary Application for Admission 2021/2022

### Student

Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Date of Birth: DD/MM/YY \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_

### 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

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

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Child Care Attended (*last one first*)

Name of School

Location

Dates

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

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

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Does your child have any food allergies or medical needs?

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

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What interests you about the Shambhala School?

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