



# Sibling Application

Student Name: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

In school year: \_\_\_\_\_

Sibling(s) Name(s) and Grade(s):  
\_\_\_\_\_

## Admissions Process

### Step 1:

Submit completed application and pay the application fee (\$50 per student to a maximum of \$100 per family).

### Step 2:

On receipt of an official acceptance letter, submit the non-refundable enrolment deposit (\$200 per student to a maximum of \$400 per family) which confirms your intention to enroll your student(s) at WRCA and holds the seat(s) in their class(es) for September. This deposit will be applied toward September's tuition.

## Application Checklist

Note: All items must be received before your application will be reviewed.

- Student Profile (pg. 1-2)
- Standard of Conduct (pg.3)
- Student Faith Commitment (pg. 4)
- Responses to Student Faith Commitment questions (K-Gr12 only)
- Privacy Policy Consent Form (pg. 5)
- Legal Residency of Parents Form (pg. 6)
- Supporting documentation for Legal Residency of Parents Form  
e.g., Copy of parent's Canadian passport, citizenship card, permanent resident card or work permit.
- Copy of student's Canadian birth certificate showing parents' names, OR non-Canadian birth certificate AND passport (if not born in Canada)
- Copy of student's immunization record
- Copy of student's most recent report card (Grades 1-12) or progress report from pre-school / kindergarten
- Application fee (\$50 per applicant to a maximum of \$100 per family)

### Additional Items:

- An \$80 language assessment fee (if determined necessary upon review of your application)



Describe any physical, mental or emotional disabilities (heart, hearing impaired, speech impediment, nervous condition, etc.): \_\_\_\_\_  
\_\_\_\_\_

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident, etc.):  
\_\_\_\_\_

### MEDICAL INFORMATION

Does your child have any LIFE-THREATENING allergies or illness?  Yes  No

[If Yes, please upload a doctor's note stating the diagnosis and emergency procedures instructions for the school.]

Does your child have any NON-life-threatening allergies or illness?  Yes  No

Please describe: \_\_\_\_\_

What other medical information would help us understand your child better (speech, hearing, birth complications, heart, vision, development, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received any diagnostic testing?  Yes  No

Dates of testing (if applicable): \_\_\_\_\_

Is this information available to the school?  Yes  No

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Do any agencies such as the Child Development Centre, health clinics or speech pathologists have reports on your child?  Yes – Please upload any copies  No

Is there anything else you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_

Please upload:

- Copy of student's birth certificate (with parents' names)
- Copy of student's most recent report card
- Copy of student's immunization record
- Copies of any relevant reports from specialists (if applicable)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_