



KINGSLEY PRIMARY SCHOOL

516 The Kingsway, Toronto, Ontario, M9A 3W6 (416)233-0150
www.kingsleyschol.ca kingsleyschool@bellnet.ca

New students

APPLICATION FOR REGISTRATION

Please PRINT clearly

For the School Year: _____

Child's Full Name: _____

Date of Birth: _____

Mailing Address: _____ Postal Code _____

Email Address: _____

Home Telephone: _____

Previous School: _____

Program and Hours

Kindergarten: J.K. _____ S.K. _____

Grade _____

Extended Hours _____

Mother's Full Name: _____

Daytime telephone: _____

Father's Full Name: _____

Daytime telephone: _____

Emergency Contact & Tel: _____

We will be publishing a directory of student addresses, telephone numbers and birthdays for student families only. Please let us know if you do not want to be included. _____.

The undersigned agrees to submit a non-refundable fee of \$150 with this application.

Signed: _____
(Parent)

Date: _____