

## NON – RESIDENT STUDENT APPLICATION (K-12)

GREATER ST. ALBERT ROMAN CATHOLIC SEPARATE SCHOOL DISTRICT NO. 734  
6 St. Vital Avenue  
St. Albert, AB T8N 1K2

DATE: \_\_\_\_\_

### 1. Demographic Information

Student Name:	
Grade K-12:	Birth Date:
Parent(s)/Guardian(s):	
Address: (Rural-Legal Description)	
Phone Number:	(Home) (Work)

2. Resident Board: \_\_\_\_\_

### 3. Please identify any special learning supports that would benefit your child:

a) Academically:	b) Behaviorally/Emotionally:
c) Physically:	d) Other:

e) I am not aware that my child is in need of any special learning supports.  
☐ (please check if applicable)

### 4. Current Academic Functioning (N/A Kindergarten)

- Please provide a copy of the most recent report card.

**5. Rate Your Child's Overall Academic Range.**

Weak \_\_\_\_ Below Average \_\_\_\_ Average \_\_\_\_ High Average \_\_\_\_ Superior \_\_\_\_

**6. School History – Include**

- Schools attended / grades repeated / special programming


**7. Reason for Application:**

\_\_\_\_\_

8. In accordance with the Greater St. Albert Roman Catholic Separate School District No. 734 administrative procedure on Resident/Non-Resident Student Status/Admissions, I do give permission for the Principal or designate to contact my child's current/previous school(s) to obtain information which will help determine the educational needs of my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parental Signature

\_\_\_\_\_  
District School

\_\_\_\_\_  
Principal's Signature