



# Airdrie Koinonia Christian School

## STUDENT INFORMATION

**NOTE:** Due to Alberta Education enrollment requirements, a photocopy of your child's birth certificate **must** be attached.

<b>PARTICULARS</b>				<b>DATE OF APPLICATION:</b> _____			
Legal Last Name		Legal First Name		Legal Middle Name		Date of Birth	
Preferred Last Name		Preferred First Name		Alberta Health Care Number		Age Sept. 1 <sup>st</sup>	M / F
Citizenship	Language spoken in home		Favorite music			Expected Grade	
Sport and/or hobby:				Hrs. of TV/ week	Favorite show(s)		
<b>CONCERNS</b>							
Physical Health							
Emotional Health							
In order to best serve your child, please advise us of any previous assessments that have been done (speech, language, psychological, hearing or any learning disability).							
Has your child received any funding (such as PUF)?							
Behaviour & Discipline							

