



THE TRADITIONAL LEARNING CENTRE KINDERGARTEN APPLICATION
Please complete this application form in full

Name of the School applying to: (See Area Sorted by Communities) (please circle)

Table with 5 columns: Area I, Area II, Area III, Area IV, Area V. Row 1: Brentwood, Dr.J.K.Mulloy Thorncliffe, Chris Akkerman, Glamorgan, Le Roi Daniels

1. Student's Name (Last name) (First Name) (Middle Name) Female Male

2. Birth Date (Date/Month/Year) (Must be 4 by March 1, 2012)

3. Address City Postal Code

4. Community District

5. Phone Number (Home) E-mail Address

6. Mother: Home Phone: Business Phone: Cell Phone:
7. Father: Home Phone: Business Phone: Cell Phone:

8. Student lives with both parents mother father other

9. Was the child born in Canada? Yes No

10. What country was the child born in?

11. Is English spoken at home? Yes No

Do you think your child qualifies for ESL? Yes No

12. What is Mother's first language? Father's first language?

13. List sisters and/or brothers currently attending a Traditional Learning Centre program:

Name: Grade: School

Name: Grade: School

14. List sisters and/or brothers currently applying to a Traditional Learning Centre program:

Name: Grade: School

Name: Grade: School



**Calgary Board  
of Education**

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**Please submit the following** additional information with your child's application:

Original Birth Certificate if new to the Calgary Board of Education. (Photocopy required and attached.)

We would be using CBE Transportation if our child is eligible. (If the child is taking the bus, the Transportation Department will determine whether the route is AM or PM.)

Yes  No



**OFFICE USE ONLY:**

Date of Registration: \_\_\_\_\_ .

Wait List Number after March 16: \_\_\_\_\_ Date Parent Contacted: \_\_\_\_\_

Date Letter sent: \_\_\_\_\_

Comments: \_\_\_\_\_

Confirmation # \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_