



## Student Forms Checklist

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

**APPLICATION DEADLINE MARCH 16, 2022**

Please use this checklist to ensure all required documents are included with your application.

- Declaration and Consent of Parent(s)/ Legal Guardian(s)**
- Application for Admission**
- Permission to Release Confidential Information**
- Academic and Character Reference completed by the student's current school**
- Pastoral Reference** (applicants without a church affiliation may submit a character reference as an alternative)
- Entrance Interview (photo included)**
- Copy of the Student's Birth Certificate**
- Copy of the Student's most recent Report Card (if applicable)**
- \$50 Registration fee**
  - Cash
  - Cheque: Cheque No. \_\_\_\_\_ payable to Heavenly King Orthodox Academy
  - E-transfer: admin@heavenlykingacademy.ca

*Please note: Separate applications are needed for each child registered within a family.*

*All completed forms can be submitted by email to admin@heavenlykingacademy.ca*

**700 Munroe Ave, Winnipeg MB**  
**www.heavenlykingacademy.ca**



HEAVENLY KING

Orthodox academy

## Declaration and Consent Form of Parent(s)/Legal Guardian(s)

Please record your initials by each statement below.

\_\_\_\_\_ I affirm that the information contained on this Application for Admission is accurate and true to the best of my knowledge.

\_\_\_\_\_ I understand that the personal information provided in this Application, together with any additional personal information collected by Heavenly King Orthodox Academy as part of its Admission Process, will be used to determine the acceptance of the Applicant, \_\_\_\_\_ (name of the Applicant), as a student at Heavenly King Orthodox Academy for the grade referred to in the Application.

\_\_\_\_\_ I consent to Heavenly King Orthodox Academy to request and receive personal information regarding the applicant from Third Parties (including the Pastor named in the Pastoral Reference and the School named in the Application for Admission) as part of its Admissions Process.

\_\_\_\_\_ I/We understand that misrepresentation, falsification, or omission of facts on this application may result in the denial of admission and/or withdrawal of any previous admission of acceptance.

Signature of Father/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Father/Legal Guardian: \_\_\_\_\_

Signature of Mother/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Mother/Legal Guardian: \_\_\_\_\_

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## Application for Admission

### Student Information

Applying for Grade \_\_\_\_\_ School division student resides in: \_\_\_\_\_

Surname (full legal):

First name (full legal):

Middle name(s) (full legal):

Preferred name:

Street Address:

City/Province:

Postal Code:

Phone number:

Mailing address if different:

Date of Birth (mm/dd/yy):

Current School (if applicable):

Religion:

Parish name:

Canadian Citizen (circle one): YES NO

Landed Immigrant (circle one): YES NO (if yes, please attach documentation)

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Father/ Legal Guardian Information	
Surname (full legal):	
First name (full legal):	
Circle one: Mr. Dr. Other _____ Relationship to Child:	

Street Address:	
City/Province:	Postal Code:
Home phone:	Cell phone:
Email address:	
Religion:	Parish name:

Occupation:	Employer:
Business phone:	

Mother/ Legal Guardian Information	
Surname (full legal):	
First name (full legal):	
Circle one: Mrs. Ms. Dr. Other _____ Relationship to Child:	

Street Address:	
City/Province:	Postal Code:
Home phone:	Cell phone:
Email address:	
Religion:	Parish name:

Occupation:	Employer:
Business phone:	

Home Information
Primary language(s) spoken at home:
If parents are separated/divorced, who has legal custody (circle one): Father   Mother   Joint   N/A

Sibling Information
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Name	Brother	Sister	Date of Birth (mm/dd/yy)	School or Occupation

Student's Medical and Emergency Information
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Manitoba Health Insurance Registration No. (6 digits):	
Phin No. (9 digits):	
Doctor's Name:	Phone number:

Does applicant have a life-threatening allergy?   YES   NO	
If yes, name of allergen(s):	
Carry an Epi-Pen?   YES   NO	Active URIS plan?   YES   NO

Emergency Contact (other than parents/guardians):	
Relationship to student:	
Home phone:	Cell phone:



## Permission to Release Confidential Information

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
*name of parent/guardian* *name of student*

give permission for \_\_\_\_\_  
*current school/agency*

to release confidential verbal information and/or written information/reports to the staff of Heavenly King Orthodox Academy about my child.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



## Academic and Character Reference

Student:	Current Grade:
School:	School phone:
School division where student resides:	
MET No:	

The student listed above is a candidate for admissions to Heavenly King Orthodox Academy. We appreciate your cooperation in completing this form. The information you provide will assist us in making our decision, ensuring the most ideal match for child, school and placement. The parent/legal guardian of this student has consented to your completion of this form and all data will be held in the strictest confidence.

What is your relationship to the applicant? \_\_\_\_\_  
 How long have you known the applicant? \_\_\_\_\_

Characteristic	Please circle the appropriate number that best describes the applicant.				
	POOR (1) to EXCELLENT (5)				
Attendance	1	2	3	4	5
Cooperation	1	2	3	4	5
Participation in activities	1	2	3	4	5
Academic achievement	1	2	3	4	5
Respectfulness	1	2	3	4	5
Responsibility	1	2	3	4	5

Has this child experienced disciplinary challenges? Severe \_\_\_\_\_ Minor \_\_\_\_\_ Not at all \_\_\_\_\_

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Please comment on the emotional maturity and integrity of the applicant:

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Does this applicant require special adaptations/accommodations to meet academic requirements and/or social-emotional needs? If yes, please explain.

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What advice would you offer a colleague working with this student?

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Additional Comments:

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Would you recommend the student for placement at HKOA (circle one)? YES NO With Reservation

Signature of Classroom Teacher: \_\_\_\_\_

*Please forward the completed form directly to our Admissions Office at [admin@heavenlykingacademy.ca](mailto:admin@heavenlykingacademy.ca)*

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## Pastoral Reference

Dear Parents/Guardians,

Please complete the top portion of the Pastoral Reference form and pass it along to your priest to fill in the rest and submit to Heavenly King Orthodox Academy.

Name of Parents/Guardians:	
Do you have a Home Parish?    YES    NO	Name of Parish:
If no, please explain:	

Name of Student Applicant(s)	Grade

Recent family involvement in Church activities and organizations:

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**This Section is to be completed by the Pastor.**

Dear Pastor,

This family is applying for admission to Heavenly King Orthodox Academy. Please assist in this process by providing a reference regarding the church/faith journey of one or both parents. Thank you for your help!

Do you know this family personally?    YES    NO	How long?
Do you know the student applicant(s) personally?    YES    NO	How long?

Comments:

Pastor Name (please print):
Parish Name:

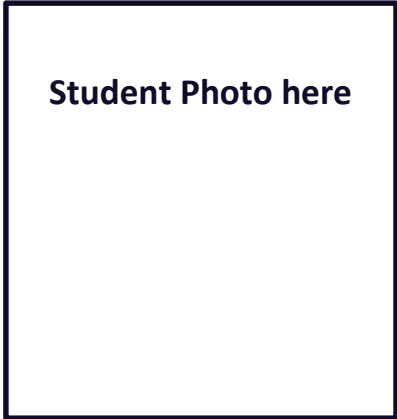
Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If you are unable to get a pastoral reference completed, a character reference letter (from a coach, principal, etc.) may be submitted in lieu of this form.**

*Please forward the completed form directly to our Admissions Office at [admin@heavenlykingacademy.ca](mailto:admin@heavenlykingacademy.ca)*

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## Entrance Interview

Applicant's name: \_\_\_\_\_

Grade applying for: \_\_\_\_\_

*To be completed by the parents/guardians of the applicant.*

Why do you wish to enroll your child at Heavenly King Orthodox Academy? What are your hopes for your child here?

How would you best describe your child's personality?

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Are there any academic concerns or information that you can share with us to help plan for your child's success at HKOA?

Does your child have any diagnosed learning disabilities or medical conditions which required program adaptations, IEPs or other forms of accommodation in the classroom? If so, please explain:

Anything else you would like to share about your child?

Have you been involved in your child's school community? How do you see yourself contributing to community life at HKOA?

Completed by \_\_\_\_\_ (relationship to child)      Date: \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_