

PROVINCE OF NOVA SCOTIA
BLOCK PARENT[®] APPLICATION FORM
PLEASE PRINT



SCHOOL AREA OF RESIDENCE: _____

APPLICANTS ADDRESS: _____
(HOUSE NUMBER & STREET ADDRESS)

MAILING ADDRESS: _____
(INCLUDING POSTAL CODE)

HOME PHONE: (902) _____ E-MAIL: _____

HEADS OF HOUSEHOLD

FULL NAME: _____ FULL NAME: _____
GIVEN NAMES & SURNAME GIVEN NAMES & SURNAME

MAIDEN NAME: _____ MAIDEN NAME _____

DATE OF BIRTH _____
M / D / Y

DATE OF BIRTH _____
M / D / Y

PLACE OF BIRTH _____ PLACE OF BIRTH _____

EMPLOYER _____ EMPLOYER _____

WORK PHONE: (902) _____ WORK PHONE: (902) _____

PREVIOUS ADDRESS _____ PREVIOUS ADDRESS _____

FROM: _____ TO: _____
M / Y M / Y

FROM: _____ TO: _____
M / Y M / Y

ADDITIONAL RESIDENTS OF HOUSEHOLD

FULL NAME: _____ PLACE OF BIRTH _____
GIVEN NAMES & SURNAME

DATE OF BIRTH _____ PREVIOUS ADDRESS _____ FR _____ TO _____
M / D / Y Y Y

FULL NAME _____ PLACE OF BIRTH _____
GIVEN NAMES & SURNAME

DATE OF BIRTH _____ PREVIOUS ADDRESS _____ FR _____ TO _____
M / D / Y Y Y

PLEASE COMPLETE OTHER SIDE

FULL NAME _____ PLACE OF BIRTH _____
GIVEN NAMES & SURNAME

DATE OF BIRTH _____ PREVIOUS ADDRESS _____ FR _____ TO _____
M / D / Y Y Y

FULL NAME _____ PLACE OF BIRTH _____
GIVEN NAMES & SURNAME

DATE OF BIRTH _____ PREVIOUS ADDRESS _____ FR _____ TO _____
M / D / Y Y Y

**** TAKE NOTICE **** That in signing this application you are also consenting to be re-screened every two (2) to three (3) years.

WE THE UNDERSIGNED, HEREBY AUTHORIZE THE POLICE TO MAKE SUCH INVESTIGATION AS DEEMED NECESSARY TO APPROVE OR DECLINE THIS APPLICATION.

X _____
(HEAD OF HOUSEHOLD # 1)

X _____
(HEAD OF HOUSEHOLD # 2)

X _____
(ADDITIONAL RESIDENTS 12 YEARS OF AGE & OVER)

X _____
(ADDITIONAL RESIDENTS 12 YEARS OF AGE & OVER)

X _____
(ADDITIONAL RESIDENTS 12 YEARS OF AGE & OVER)

X _____
(ADDITIONAL RESIDENTS 12 YEARS OF AGE & OVER)

PLEASE RETURN TO YOUR LOCAL RCMP DETACHMENT OR POLICE DEPARTMENT

OFFICE USE ONLY

APPLICATION RECEIVED: DATE _____
Y / M / D

POLICE SCREENING: DATE _____ BY: _____
Y / M / D

APPLICATION ACCEPTED: YES: _____ NO: _____

POLICE CO-ORDINATORS SIGNATURE: _____ DEPT: _____

SIGN # _____

DATE ISSUED: _____
Y / M / D