

# Calvin Christian Schools Family Application

OFFICE USE ONLY:

Date Application

Received: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
(Last Name, First Name) (Last Name, First Name)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City) (Postal Code)

Email Address: Father's \_\_\_\_\_ Mother's \_\_\_\_\_

Father's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widow(er)  Single

Student(s) live(s) with:  Both parents  Father  Mother  Guardian

## Student Information

\*\*A separate "Student Registration Form" must be completed for each child.

Name \_\_\_\_\_ Entering grade \_\_\_\_\_ on \_\_\_\_\_  
(last) (first) (middle) (month, year)

Birthdate (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_ Sex(M/F) \_\_\_\_\_

Name \_\_\_\_\_ Entering grade \_\_\_\_\_ on \_\_\_\_\_  
(last) (first) (middle) (month, year)

Birthdate (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_ Sex(M/F) \_\_\_\_\_

Name \_\_\_\_\_ Entering grade \_\_\_\_\_ on \_\_\_\_\_  
(last) (first) (middle) (month, year)

Birthdate (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_ Sex(M/F) \_\_\_\_\_

## Other children in the family (school going age or younger)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**A copy of last year's report cards must accompany this application.** An academic screening is performed for all incoming students (Kindergarten as necessary). We will be contacting previous schools to obtain a complete picture of the academic and other needs of your children. To facilitate this process, please inform your child's teacher (and resource teacher, if necessary) that our resource department will be calling.

**Church Membership Information (Mandatory)**

Church affiliation of parent(s)/guardian(s) \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Permission to contact ( Y or N )

If you have not been associated with your current church for at least one year please provide this additional information: The name of a previous pastor, elder or deacon, who would be able to provide the equivalent of a pastor's recommendation \_\_\_\_\_

If your family is not a member of any church, please explain why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Emergency Medical Care**

In the event I cannot be reached to make arrangements for emergency medical care at the time of an accident, I hereby authorize Calvin Christian to take my child(ren) to:

\_\_\_\_\_  
*(Name of family Doctor)* *(Address)* *(Phone)*

or to The Children's Hospital, or to another physician. Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
*parent or legal guardian* *parent or legal guardian*

Note: The parent should authorize the physician at the time of registration to accept any call from the school for emergency medical care.

**Notice of Non-Discriminatory Policy**

Calvin Christian School admits students of any race, colour, national and ethnic origin, to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, colour, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and athletic and other school administered programs.

**General Information**

How did you hear about this school?  Family/Friends  Former Student  Church/Pastor  Internet/Media  
 Grew up/Live in Neighbourhood  Nursery School  Other \_\_\_\_\_

What is your reason for selecting this school? \_\_\_\_\_

What is your present school division? \_\_\_\_\_

How will your child be transported? \_\_\_\_\_

**Financial Commitment**

We promise to pay the school fees for the aforementioned child/children in the following manner:

- in full on the first day of school
- by 10 monthly post-dated cheques or automatic withdrawal
- other (explain) \_\_\_\_\_

Signature of Parent(s) or Guardian(s) \_\_\_\_\_

## Conditions of Registration

In making this application; I/we understand that:

1. The grade placement of my/our child(ren) will be made upon the recommendation of the principal and resource department in consultation with the parent(s)/guardian(s).
2. The administration will need to have access to school records and may consult with teachers and other professionals who have worked with my/our child(ren).
3. The discipline of my/our child(ren) will be administered at the discretion of the teacher, under the supervision of the principal and in keeping with Board policy.
4. The administration, in consultation with the executive of the Board, reserves the right to dismiss any student whose conduct and refusal to co-operate in the education process is viewed as a detriment to the standards, goals and objectives of the school.
5. A cheque in the amount of **\$400** must be submitted to the school office on approval of membership. This fee confirms enrollment for your family and membership in the school society, and will be credited to your account for school fees. **The fee is not refundable.** Budgetary projections are made based upon the number of families committed to enroll their children. Please do not enter this arrangement without careful consideration and prayer.
6. Our/my child(ren) will go on scheduled field trips and attend/participate in school sponsored activities. (e.g. Christmas program, spring program, etc.)

I/we have read the Foundational Beliefs and Education Principles of the Articles of Continuance and I/we are in whole-hearted agreement with them. We support the purpose of the Society to have our child(ren) instructed in accordance with the Foundational Beliefs “towards the end that the child(ren) may be well prepared to serve the Lord completely and responsibly in every area of life...” I/we herewith apply for membership in the Greater Winnipeg Society for Christian Education operating Calvin Christian School.

**Please check all boxes below indicating completion and consent.**

- Application is complete including Church Membership Information
- Consent to contact current school
- Report cards included where applicable (If your children have attended school elsewhere, **we must have a copy of a report card**, no more than one year old, **before the application can be processed**)
- \$25.00 registration fee included
- Copy of birth certificate(s) included

Date: \_\_\_\_\_

Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
\_\_\_\_\_