

Calvin Christian School 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 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)

