

# 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)

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Phone \_\_\_\_\_ Mother's Phone \_\_\_\_\_

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

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Single

What is your present school division? ☐ RETSD ☐ Sunrise ☐ Winnipeg ☐ Other  
\_\_\_\_\_

## Student Information

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

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

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

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

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

**Entering Kindergarten** – students are required to attend a "Kindergarten Day" in May/June prior to the start of Kindergarten to allow time for teachers to get to know students. A *Sending School Questionnaire* will also need to be completed by a previous preschool (if applicable).

**Entering Grades 1 – 12 - A copy of the most recent report card must accompany this application.**

As needed, an academic screening may be performed for all incoming students.

## 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.

## Transportation

How will your child(ren) be transported to school?

☐ Shuttle Bus ☐ Country Bus ☐ Driven by Parent ☐ Walk/Bike ☐ Other \_\_\_\_\_

## Financial Commitment

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

- ☐ pay in full
- ☐ by 10 monthly automatic withdrawal on the 1st of the month, beginning Sept 1
- ☐ by 12 monthly automatic withdrawal on the 1st of the month, beginning July 1

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 payment of **\$400 is required to confirm enrollment** once your child(ren) have been accepted. This payment secures your child's placement for the upcoming school year and will be credited toward your first tuition payment. **It is non-refundable**, as budget planning is based on the number of families committed to enrolling. 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.)

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

- ☐ Application is complete including Membership Application Form & Student Registration Form (one per student)
- ☐ Consent to contact current school
- ☐ Report cards included - if your child(ren) have attended school elsewhere, **we must have a copy of the most recent report card before the application can be processed.**
- ☐ \$100.00 registration fee paid by e-transfer to [ccsoffice@calvinchristian.mb.ca](mailto:ccsoffice@calvinchristian.mb.ca)
- ☐ Copy of birth certificate(s) included

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

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