

APPLICANT'S FAMILY NAME: _____

FATHER/STEPFATHER/GUARDIAN (circle one)

MOTHER/STEPMOTHER/GUARDIAN (circle one)

Name _____
Surname First

Name _____
Surname First

Home Phone # (____) _____

Home Phone # (____) _____

Cell Phone # (____) _____

Cell Phone # (____) _____

Home Address _____

Home Address _____

_____ Postal Code

_____ Postal Code

Email address: _____
(Father/Guardian)

Email address: _____
(Mother/Guardian)

Employed by _____

Employed by _____

Position _____

Position _____

Business Phone # (____) _____

Business Phone # (____) _____

If separated or divorced, please indicate court-ordered custody arrangements: _____

Name of Student			
- Date of Birth (mm/dd/yy)			
- Citizenship			
- Permanent Residency Number (if applicable)			
Grade Entering			
Previous School Attended (Full mailing address, telephone and fax numbers)			
Has your child ever received remedial or educational resource assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a formalized education plan? - IEP (Individual Educational Plan) - BIP (Behaviour Improvement Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, circle: IEP / BIP	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, circle: IEP / BIP	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, circle: IEP / BIP

Continued on reverse...

OFFICE USE ONLY Application date: _____ Entry date: _____ Approved: _____
Registration fee received: _____ Family deposit received: _____ Total received: _____ Date: _____
Balance Option A: Full Payment (08 cheque): _____ Option B: (PAP) Monthly: 08 _____ 09-06 _____
Test date _____ EI _____ bc _____ med _____ h/h _____ sof _____ PAP _____ db _____ file _____ acc let _____

EMERGENCY CONTACT

(Alternate contact in the event that parent/guardian cannot be reached)

Name _____ Home Phone # _____ Bus. Phone # _____

Relationship _____ Doctor's Name _____ Phone # _____

1. Why are you applying to Oakville Christian School?

2. How will you assist the school in attaining its mission statement: "Nurturing excellence in a Christ-centred academic environment"?

3. Church Attendance:

Father/Guardian

Mother/Guardian

Do you attend church? _____

Do you attend church? _____

Church Name _____

Church Name _____

City _____

City _____

Pastor's Name _____

Pastor's Name _____

Denomination _____

Denomination _____

Personal Information Consent: *In providing data on this application form I understand that personal information will only be used for the internal purposes of the school and will only be disclosed under conditions outlined in the Oakville Christian School Privacy Policy.*

Email Consent: *I consent to the use of the email address(es) provided on this application to receive electronic messages from Oakville Christian School, which will include (but not be limited to) newsletters, office memos, and teacher communications. I understand that I will have the option to unsubscribe at any time.*

Signature _____

Father/Guardian

Signature _____

Mother/Guardian

An Ontario Student Record (OSR) is used to collect information for each pupil enrolled in the school and is "privileged for the information and use of supervisory officers and the principal and teachers of the school for the improvement of instruction" of the student. Each student and parent(s) of a student has access to all of the information contained in the Ontario Student Record.