

**\*\*\* Please Print Clearly \*\*\***

**APPLICANT'S FAMILY NAME:** \_\_\_\_\_

**Father/Stepfather/Guardian (circle one)**

**Mother/Stepmother/Guardian (circle one)**

Name \_\_\_\_\_  
Surname First

Name \_\_\_\_\_  
Surname First

Cell # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Home # if applicable: ( ) \_\_\_\_\_

Home # if applicable: ( ) \_\_\_\_\_

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			
- <b>Permanent Residency Number</b> (photo copy required if applicable)			
Grade Entering			
Previous School Attended (Full mailing address and telephone contact)			
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...*

<b>OFFICE USE ONLY</b>			
<i>App date:</i> _____	<i>Entry date:</i> _____	<i>Approved:</i> _____	
<i>Reg fee:</i> _____	<i>Family deposit:</i> _____	<i>Total received:</i> _____	<i>Date Rcvd:</i> _____
<i>Balance: Full Payment (08 cheque):</i> _____		<i>(PAP) Monthly: 08</i> _____	<i>09-06</i> _____
<i>Notes:</i> _____			

## EMERGENCY CONTACT

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

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_ ( \_\_home \_\_work)

Relationship \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

1. **Why are you applying to Oakville Christian School?**

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

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3. **Church Attendance:**

Father/Guardian

Mother/Guardian

Do you attend church? \_\_\_\_\_

Do you attend church? \_\_\_\_\_

Church Name \_\_\_\_\_

Church Name \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

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.

**\* I understand that the Registration Fee & Tuition Deposit are non-refundable.**

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.