



Virtutis · Fides · Scientia

GRACE CHRISTIAN SCHOOL
est. 1980

FOR OFFICE USE ONLY

Date Rec'd _____ Reg. Fee \$ _____ Cash Cheque

Family Name: _____ **Home Phone:** _____ **Email:** _____

Names of children you intent to enroll:

1. Student's full name: _____
First Middle Surname Preferred Common Name
Gender: M F Anticipated Grade Level ____ Name of Last School Attended _____
Birth date (yyyy/mm/dd): ____/____/____ Health Card Number: _____

2. Student's full name: _____
First Middle Surname Preferred Common Name
Gender: M F Anticipated Grade Level ____ Name of Last School Attended _____
Birth date (yyyy/mm/dd): ____/____/____ Health Card Number: _____

3. Student's full name: _____
First Middle Surname Preferred Common Name
Gender: M F Anticipated Grade Level ____ Name of Last School Attended _____
Birth date (yyyy/mm/dd): ____/____/____ Health Card Number: _____

The student(s) will live with: Parents Guardian Mother Father Foster Parent
Has a court order been made concerning the care/custody of the student? Yes No If yes, attach a copy.

Mailing address of student while attending school: _____
Street City Postal Code

Mother/Guardian: _____
First Name Surname Street City Postal Code

Address: Same as above or _____
Street City Postal Code

Employer: _____ Work Phone: _____ Cell Phone: _____

Father/Guardian: _____
First Name Surname Street City Postal Code

Address: Same as above or _____
Street City Postal Code

Employer: _____ Work Phone: _____ Cell Phone: _____

Please specify any medical conditions of which we should be aware (attach an extra sheet if necessary).

Is the student currently taking any medication on a regular basis? Yes No If yes, please provide details

Full name of church that family attends (if applicable):

Church address:

Has the student ever repeated a grade, been retained, or been suspended? Yes No

If yes, please explain:

Are there any academic, social, physical, or emotional difficulties of which we should be aware? Use a separate sheet if necessary. Yes No

How did you hear about our school? Friend/family Newspaper Website Other _____

Is there someone we can thank for referring you to our school? Name: _____ Phone: _____

Do you have other children in grades K-12 enrolled elsewhere? Yes No

Do you have other children under 5 years old? Name _____ Birth date _____
Name _____ Birth date _____

Note: In order for this application to be processed, it must be completely filled out. An application fee of \$200 must accompany all applications.

Grace Christian School is a not-for-profit organization that has been established for the primary purpose of aspiring to graduate students who are spiritually, academically, emotionally, physically, and socially mature to the glory of God. In order to achieve this goal, it is essential for parents, students, and staff to be able to work together both at school and at home.

Acceptance is contingent upon the results of the interview and an examination of records. Student(s) may be accepted at grade level, placed at a lower grade level, accepted on probation, or not accepted.

Due to limited resources, Grace Christian School is not equipped to handle students with special needs (learning or behavioural).

Please note the following:

1. Registration fee is \$250, non-refundable
2. Registration fee confirms your spot
3. Tuition payment method: _____ Full tuition
_____ 10 post-dated cheques beginning September
_____ 12 post-dated cheques beginning July

- I have read and understood all parts of this application and all the information given is accurate to the best of my knowledge
- I have enclosed the registration fee of \$250
- I have included the student's latest report card/reference letter

Signature of Parent(s) / Guardian(s)

_____ Date _____

_____ Date _____

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NOTES: