

Calvin Christian School

547 West Fifth Street, Hamilton, ON L9C 3P7

phone: 905-388-2645 fax: 905-388-2769 - info@ccshamilton.ca**Student Admission Application****FORM #3****Registration Form**

| FAMILY INFORMATION | | | |
|---|-----------------------------|-----------------------|-------------------------|
| Last Name: | Father's Name: | Mother's Name: | |
| Street and Mailing Address: | | | |
| City: | Province: Ontario | Postal Code: | |
| Home Phone Number: | Father's Cell: | Mother's Cell: | |
| Father's E-mail: | | Mother's E-Mail: | |
| Father's Place of Employment: | | Telephone: | |
| Mother's Place of Employment: | | Telephone: | |
| Father's Citizenship: | | Mother's Citizenship: | |
| Church Membership (Name of church and city where located): | Denomination/Affiliation: | Pastor's Name: | |
| Emergency contact (AFTER attempting to notify parents) | Name: | Phone Number: | Relationship to family: |
| Family Physician | Name: | | Phone Number: |

| REGISTRATION: Please complete this section for your child(ren) Kindergarten through Grade 8 who will be entering CCS for the first time. All new students to CCS will need to show proof of date of birth. | | | | | |
|--|----------------------------|------------------|--------------------------|---------------------|---------------------------|
| Name(s) of Child(ren) Please include middle name. | Birthdate (mo/day/year) | Present Grade | Health Card # (optional) | Country of Birth | Country of Citizenship |
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For those born outside of Canada - What was the arrival date into Canada? _____

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|------------------------|-------|----------|
| Previous School | Name: | Address: |
|------------------------|-------|----------|

Custody Situation:

| | | |
|---|-----|----|
| Is there a custody situation that CCS should be aware of (permission to visit, pick up, or see your child)? If yes, a form will be sent home for you to complete. | Yes | No |
|---|-----|----|

YOUNGER SIBLINGS AT HOME:

| Name(s) of Child(ren) - Please include middle name. | Birthdate (month/day/year) |
|---|----------------------------|
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Please comment on any special need your child(ren) may have because of physical limitations in such areas as speech, hearing, vision, or motor skills, or any learning or behavioural problems or any other condition of which the school should be aware. Please be assured that this information is treated respectfully and confidentially, and is only used to determine placement.

Why do you believe that your child(ren) will benefit from Calvin Christian School?

Transportation:

| | | |
|---|-----|----|
| Do you require CCS school bus transportation? If yes, a form will be sent home for you to complete. | Yes | No |
|---|-----|----|

| | | |
|---|-----------------|-----------------|
| Grandparents: (For our <i>In Touch</i> Mailing List) | 1) Name: | Address: |
| | 2) Name: | Address: |

NOTE: There is a registration fee of \$500 to be paid by parents who wish to enrol their child/children at Calvin Christian School for the first time. The registration fee is a one time fee. If the admissions process is not successful, \$400 will be returned. Applicants who have been members of the Calvin Christian School Society of Hamilton, or of another CSI affiliated school, prior to application for admission of their child (ren) will receive credit for up to three years of unspecified donations and/or membership fees. This credit may be deducted from the registration fee, and the balance will be payable at the time of application for admission.

I (we) hereby make application for admission of my (our) child(ren) to Calvin Christian School, Hamilton. I enclose a separate cheque of \$_____ which, I understand to be the registration fee if my child(ren) is (are) accepted for admission.

If my application is accepted, I acknowledge that I am committing myself to the financial support of Calvin Christian School as per the tuition schedule accepted by the membership during the last held Membership Meeting of the Calvin Christian School Society.

Signed at _____ this _____ day of _____, 20_____

FATHER:_____ MOTHER:_____

GUARDIAN: _____

The personal information collected herein is for the use of Calvin Christian School only. Calvin Christian School does not discriminate on the basis of race, ancestry, colour, national or ethnic origin, citizenship, and gender.