

Calvin Christian School**VISITING ISP REGISTRATION FORM**

547 West Fifth Street, Hamilton, ON L9C 3P7

Phone: 905-388-2645 fax: 905-388-2769 - info@ccshamilton.ca

FAMILY INFORMATION					
Last Name:		Father's Name:		Mother's Name:	
Mailing Address 1:					
Mailing Address 2:					
Home Phone Number:		Father's Cell:		Mother's Cell:	
Father's E-mail:			Mother's E-mail:		
Church Membership:		Denomination/Affiliation:		Name of Pastor:	
Guardian in Canada:	Name:		Phone Number:		Relationship to family:
	E-mail:		Church membership:		Phone Number of Pastor:
Contact Person in Canada: <i>(if different than Guardian)</i>	Name:		E-mail		Phone Number:

REGISTRATION: Please complete this section for the visiting students

FULL Name(s) of Child(ren)	Birth date (month/day/year)	Present Grade	Dates for visit to CCS		Male or Female	English Name (if applicable)
			Arrival	Departure		

Previous School	Name:	Address and Email:
------------------------	-------	--------------------

Special Health Concerns/Needs:		
TRANSPORTATION: Do you require CCS school bus transportation? Bus transportation is only available along certain routes. There is a separate fee if you desire bus transportation.	Yes	No

NOTE: There is a \$700 non-refundable one time registration fee. This money must be included with this registration. You can attach a cheque, or wire the money, or arrange to have the money brought in person. Please call us first if you wish to wire the money.

Your signature signifies that you agree to abide by all the policies, procedures and handbooks of Calvin Christian School, including the policies pertaining to Visiting International Students.

Signed at _____ this _____ day of _____, 20_____

FATHER: _____ MOTHER: _____

GUARDIAN or CONTACT PERSON: _____ Date: _____

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.