

Application for Student Enrollment (Please complete a separate form for each student)

A. Student

Student's Legal Name: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Date of birth certification: _____

Birth certificate Passport Principal's initials _____

Gender: Male Female

Address:

Street: _____

City: _____

P.C. _____

Student Resides With:

Father & Mother at Same Residence

Father & Mother at Separate Residences

Father

Mother

Legal Guardian

Mother's name: _____

Address: _____ (If different from child's address)

Phone #: Home: _____ Cell: _____ Work: _____

Father's name: _____

Address: _____ (If different from child's address)

Phone #: Home: _____ Cell: _____ Work: _____

Legal Guardian names: _____

Address: _____ (If different from child's address)

Phone #: Home: _____ Cell: _____ Work: _____

Primary email address: _____

(For school email correspondence – i.e. newsletter, announcements etc.)

B. Student Educational Information:

Present School: _____

Present Grade: _____ Grade entering: _____

**If your child is entering a Kindergarten class, would you like:* Part Time OR Full Time

How many schools has your child attended? _____

Please indicate grades repeated if any: _____

Learning Disabilities: No Yes Diagnosis: _____

Behavioral Disabilities: No Yes Diagnosis: _____

Educational Assessments: No Yes Attached: No: Yes:

Special Ed. Requirements: No Yes Explain: _____

IEP: No Yes

Physical Handicaps: No Yes Explain: _____

Medical or Physician Report: No Yes Report attached: No Yes

We have included a copy of our child's most recent report card No Yes

**Please note that if any additional EA costs are required, they will be the responsibility of the family*

How do you believe Orillia Christian School will benefit your child?

C. Student Medical Information:

Health Card #: _ _ _ _ - _ _ _ - _ _ _ - _ _

Does your child take any prescription medication on a regular basis? No Yes

If yes, does the medication need to be administered during school hours No Yes

Does your child have any medical conditions? No Yes _____

Does your child have any allergies? No Yes

If yes, please list: _____

Does your child have Asthma? No Yes

Does your child have an Epipen? No Yes

Do we have your permission to give Advil/Tylenol to your child, if needed, without phoning home? (An email will be sent when medication is administered) No Yes

Doctor's Name: _____

Doctor's Phone #: _____

Last eye examination:

Results:

Last hearing test:

Results:

D. Emergency Contact:

Parents will always be contacted first, but in the event we are unable to reach you, please provide an alternate:

Emergency contact name: _____

Phone # _____

Relationship to child: _____

E. Family Background:

Is there any family issues that you feel the school should be aware of in order to better meet your child's physical, spiritual or emotional needs? i.e. loss of a parent or sibling, divorce, separation, custody issues, childhood traumas.

Are there any separation agreements or court orders, specifically relating to the student that you feel the school needs to be made aware of? i.e. transportation of student, relaying educational issues, contacts for discipline concerns, etc. (Generally report cards are sent home with each student. If you require a second report card or parent interviews, please advise your child's teacher.)

NOTE: This information will be kept on file, Please contact your child's teacher and inform them of specifics regarding any of the above sections. Should there be any changes regarding the above information, please inform the school office.

Parent's signature:

Date:

Parent's signature:

Date:

Principal's signature:

Date:

Orillia Christian School Reference Report

This form is to be completed by the student's homeroom teacher, principal, or resource teacher. The information on this form will be kept confidential and this form should be sent directly to Orillia Christian School.

The student whose name appears on this form has applied for admission at Orillia Christian School. Your honest input will be kept strictly confidential.

Name of Applicant: _____ Current Grade: _____

Current School: _____ School Phone #: _____

School Address: _____

City: _____ Province: _____ Postal Code: _____

Character Evaluation: Please check how you would assess this applicant:

	Excellent	Good	Average	Below Average	Unsure
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Evaluation: Please check how you would assess this applicant:

	Excellent	Good	Average	Below Average	Unsure
General Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this student been identified with any special learning or behaviour needs?

Has the student ever had serious disciplinary issues?

Is there anything else we need to know?

Does this student have an IEP? _____

Name: _____ Position: _____

Length of time you have known applicant: _____ What Capacity: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Thank you for your assistance.

Please mail directly, fax, or scan to:

Orillia Christian School, 505 Gill St, Orillia ON, L3V 6K8

Phone: 705-326-0532 Fax: 705-327-9856

Email: principal@orilliachristianschool.com