



# ORANGEVILLE CHRISTIAN SCHOOL

## APPLICATION FOR ENROLMENT

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### PARENTS OR GUARDIANS INFORMATION

**Father's** Name \_\_\_\_\_ Phone # (     ) \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone # (     ) \_\_\_\_\_ ext \_\_\_\_\_  
Full Work Address \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Cell phone # (     ) \_\_\_\_\_

**Mother's** Name \_\_\_\_\_ Phone # (     ) \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone # (     ) \_\_\_\_\_ ext \_\_\_\_\_  
Full Work Address: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Cell phone #(     ) \_\_\_\_\_

### STUDENT INFORMATION

1. Student's Full Name: \_\_\_\_\_  
Date of Birth (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_ Going into Grade \_\_\_ If JK or SK, circle PT or FT  
Health Card Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

2. Student's Full Name: \_\_\_\_\_  
Date of Birth (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_ Going into Grade \_\_\_ If JK or SK, circle PT or FT  
Health Card Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

3. Student's Full Name: \_\_\_\_\_  
Date of Birth (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_ Going into Grade \_\_\_ If JK or SK, circle PT or FT  
Health Card Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

School Last Attended: \_\_\_\_\_  
Address of School Last Attended \_\_\_\_\_

(OVER PLEASE...)

## APPLICATION FOR ENROLMENT

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Please respond to the following questions in a brief manner. Any further explanation can be done when you meet with the Principal for the interview. We are a parentally funded school that requires time, commitment and money from all parents who send their children to OCS. These questions will help us to understand your situation as parents.

1. Please list any health problems that would interfere with participation in a full school program. (eg: heart, diabetes, sight, hearing, muscular, allergies, etc.)

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Please list any academic, social or discipline problems that you know of.

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Please list the names and birth dates of brothers and sisters.

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2. Do you support the content of the Educational Guidelines of the Orangeville Christian School as outlined in Article III of the Constitution? Yes: \_\_\_ No: \_\_\_  
If no, please explain: \_\_\_\_\_

3. What church do you attend? \_\_\_\_\_

4. If you are a new family to the School, please attach a deposit cheque of an amount equaling one tenth of the tuition. This deposit will be cashed and held as a security deposit and will be applied to the final months tuition according to the *Tuition Payment Policy*.

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Signature of School Official

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Parent's Name (Please Print)

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Date

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Parent's Signature

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Parent's Signature

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Date