



**DELTA
CHRISTIAN
SCHOOL**

A Christ-centered Education K - 8

4789 - 53 Street
Delta, BC V4K 2Y9

Ph: 604-946-2514
Fax: 604-946-2589

FOR OFFICE USE ONLY	NFI
<i>(form updated 1/16/2012)</i>	
DATE RECEIVED	_____
FEE RECEIVED	_____
BIRTH CERTIFICATE	_____
VACCINATION RECORD	_____
INTERVIEWED	_____
PASTOR'S REFERENCE	_____

STUDENT REGISTRATION FORM

Student Name _____ Phone _____
 surname first name second name

Address _____ Postal Code _____

Birth Date _____ Place of Birth _____ Sex _____
 month day year

Date of admission requested _____ Grade application _____

Family email address _____

If this is your first child attending the school, please state briefly your reasons for registering your child(ren) at Delta Christian School. _____

How did you first hear about Delta Christian School? _____

Please attach a copy of "Certificate of Birth" and vaccination records.

FAMILY INFORMATION

Mother/Guardian _____ Phone _____ Cell Ph. _____
 Address _____ Postal Code _____
 Place of Employment _____ Business Phone _____
 Mother's Email: (if different than family email) _____
 Canadian Citizen: Yes ___ No ___ Landed Immigrant: Yes ___ No ___

Father/Guardian _____ Phone _____ Cell Ph. _____
 Address (if different from above) _____ Postal Code _____
 Father's Email: (if different than family email). _____
 Place of Employment _____ Business Phone _____
 Canadian Citizen: Yes ___ No ___ Landed Immigrant: Yes ___ No ___

Family Status: married ___ divorced ___ separated ___ single ___
 Custodial parent (name) _____
 Non-custodial parent (name) _____
 Relevant documents available: yes ___ no ___ If yes, please attach court order. If no, explain the agreement arrangement made and sign the letter.

Language spoken at home: English or _____

specify

Brothers and sisters of student:

Name: _____ Birthdate: _____
Name: _____ Birthdate: _____
Name: _____ Birthdate: _____

If any of these children of school age are not being enrolled at Delta Christian School, please explain: _____

Church your family is regularly attending: _____

Pastor: _____ Phone: _____

If church membership is less than one year, please list previous church, pastor and pastor's phone number: _____

Personal Reference: _____ Phone: _____

MEDICAL INFORMATION

Student's name _____ Phone _____

surname first name second name

Address _____

Birthdate _____ Sex _____

Physical condition _____

Can your child participate in a full physical education program? _____

Please note: A doctor's certificate is required for exemption for P.E. class as this is a compulsory subject. If your child's condition changes, please notify the school.

Does your child have any of the following?

Diabetes ___ Hearing problem ___ Heart condition ___
Asthma ___ Vision problem ___ Allergies: mild ___ severe ___
Epilepsy ___ Contact lenses ___ please specify allergy _____
Speech problems ___ Other _____

Briefly explain above conditions _____

Family Doctor _____ Phone _____

Dentist _____ Phone _____

Person to contact in case of accident/illness during parent's absence:

Name _____ Phone _____

Relationship to child _____

Person to contact in case of earthquake emergency (must be a long distance phone number)

Name _____ Phone _____

Relationship to child _____

Authorization to proceed with emergency measures: Yes ___ No ___

Personal Health Care Card Number _____

Signed _____ Date: _____

parent/guardian

ACADEMIC INFORMATION (if applicable)

Schools attended: Please list the last two schools attended by student:

school	location	dates of attendance	grade
<hr/>			
<hr/>			

Briefly share your experiences with your current school. _____

Please attach a copy of the most recent report card issued by the school presently attended by the student.

Educational Program and Class Placement Information

The following information and documentation is necessary in assisting DCS to determine whether, and if so how, we can best meet the student's needs.

1. Does the student have any special learning needs or require any educational support or assistance?

Yes No

2. Has the student received learning assistance or educational support?

Yes No If yes, please describe the frequency and kind of support provided.

3. Has the student ever experienced any social or behavioral difficulties at school?

Yes No If yes, please describe: _____
