

DELTA CHRISTIAN SCHOOL

A Christ-centered Education K - 7

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Email: deltachristian@telus.net

FOR OFFICE USE ONLY	NFI
(form updated 6/23/2014)	
DATE RECEIVED	
REGISTRATION FEE RECEIVED	
COPY OF BIRTH CERTIFICATE	
COPY OF VACCINATION RECORD	
PASTOR'S REFERENCE	
PRINCIPAL INTERVIEW	
ADMISSION INTERVIEW	
PARENTS ACCEPTED & NOTIFIED	

STUDENT REGIST	TRATION	FORM				
Student Name					Phone	
Address		first name	second		Code	
Address				r ostai	Code	
Birth Date		Place	of Birth		Se	ex
month Date of admission	n day	year Grade applicati	on	Canadia	an Citizen: Yes	No
Family email address				_ Landed	Immigrant: Yes _	No
If this is your first c					_	
How did you first hea	ar about Del	ta Christian Schoo	 ol?			
Please attach a copy						
Address					Cell Ph Postal Code Business Phone	
		t than family email)			Dusiness Phone	
		s No			Yes No	
Father/Guardian			Phone		Cell Ph.	
Address (if dif	ferent from a	bove)			Postal Code	
		than family email).			Business Phone	
Canadian Citiz	en: Ye	s No	Landed Immi	grant:	Yes No	
Custodial pare	nt (name)	divorced				
Relevant docui	nents availat	ole: yes no the agr	If yes, please reement arrange	attach cou	rt order. If no, explar e and sign the letter	ain
Language spok	en at home:	English or			_	
			specify			

Brothers and sisters of student:	D						
Name:	Birthdate:						
Name: Name:							
If any of these children of school age are not being enrolled at Delta Christian School, please explain:							
Church your family is regularly attending:	Phone:						
If church membership is less than one year, please li	ist previous church, pastor and pastor's phone number:						
Personal Reference:	Phone:						
MEDICAL INFORMATION							
Student's name surname first name	Phone						
	second name						
Birthdate							
Physical condition							
Can your child participate in a full physical educ	cation program?						
Please note: A doctor's certificate is required for excondition changes, please notify the school.	emption for P.E. class as this is a compulsory subject. If your child's						
Does your child have any of the following? Diabetes Hearing problem Asthma Vision problem Epilepsy Contact lenses Speech problems Other							
Briefly explain above conditions							
Family Doctor	Phone						
	Phone						
Person to contact in case of accident/illness duri							
	Phone						
Relationship to child							
Person to contact in case of earthquake emergen	ncy (must be a long distance phone number)						
Name	Phone						
Relationship to child							
Authorization to proceed with emergency measu	ures: Yes No						
Personal Health Care Card Number							
Signed	Date:						

parent/guardian

$\underline{\textbf{ACADEMIC INFORMATION}} \ (if \ applicable)$

school	location	dates of attendance	grade
Briefly share your experio	ences with your current s	chool.	
Please attach a copy of th Educational Program a	•	issued by the school presently attend	led by the student.
		ecessary in assisting DCS to determi	no whother and if so
THE IMPONITION INTO THIS IN	n and documentation is n	lecessary in assisting the 5 to determi	ne whether and it so
		beessary in assisting Des to determine	me whether, and it so
how, we can best meet the	e student's needs.	s or require any educational support	
how, we can best meet the	e student's needs.		
how, we can best meet the 1. Does the student have a Yes	e student's needs. any special learning need No	s or require any educational support	
how, we can best meet the 1. Does the student have a	e student's needs. any special learning need No ed learning assistance or e	s or require any educational support	or assistance?
how, we can best meet the 1. Does the student have a Yes 2. Has the student receives	e student's needs. any special learning need No ed learning assistance or e	s or require any educational support educational support?	or assistance?
how, we can best meet the 1. Does the student have a Yes 2. Has the student receives Yes	e student's needs. any special learning need No ed learning assistance or educed learning assistance. No	s or require any educational support educational support?	or assistance?