# DELTA CHRISTIAN SCHOOL

**A Christ-centered Education K - 7**

**4789 - 53 Street**          **Ph: 604-946-2514**
**Delta, BC  V4K 2Y9**      **FAX: 604-946-2589**
                                      **Email: deltachristian@telus.net**

## 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 _____

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

Name _____ Phone _____

Relationship to child _____

<u>Person to contact</u> 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 |
|--------|----------|---------------------|-------|
| | | | |
| | | | |

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: _____

_____