



APPLICATION FOR ENROLMENT

Parent or Guardian Information

Father's Name _____
Last First

Address _____
Street City Postal Code

Telephone (Home) _____ Business _____

Email Address _____

Occupation _____

Residency Status: Canadian Citizenship Landed Immigrant Other _____

Mother's Name _____
Last First

Address _____
Street City Postal Code

Telephone (Home) _____ Business _____

Email Address _____

Occupation _____

Residency Status: Canadian Citizenship Landed Immigrant Other _____

Student Information

First and Last Name of children to be enrolled	Age	Birth date (M/D/Y)	Grade (to enter)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preschool aged Children	Age	Birth date (M/D/Y)
_____	_____	_____
_____	_____	_____

Name of present school _____

Address _____
Telephone _____

If necessary, may we contact this school for more information? _____

Church Affiliation Information:

Church Name _____

Denominational Affiliation _____

Church Address _____

Telephone _____

Pastor's Name _____

Phone # _____ Fax # _____

Briefly describe your family's involvement in the church

If you are unable to obtain a pastoral reference at this time, please explain why.

Signatures:

Father: _____ Or Guardian: _____

Mother: _____ Or Guardian: _____

Date: _____