

Calvin Christian School**ISP VISITING REGISTRATION FORM**

547 West Fifth Street, Hamilton, ON L9C 3P7

Phone: 905-388-2645 fax: 905-388-2769 - info@ccshamilton.ca

| FAMILY INFORMATION | | | | | |
|---|---------|---------------------------|--------------------|-----------------|-------------------------|
| Last Name: | | Father's Name: | | Mother's Name: | |
| Mailing Address 1: | | | | | |
| Mailing Address 2: | | | | | |
| Home Phone Number: | | Father's Cell: | | Mother's Cell: | |
| Father's E-mail: | | Mother's E-mail: | | | |
| Church Membership: | | Denomination/Affiliation: | | Name of Pastor: | |
| Guardian in Canada: | Name: | | Phone Number: | | Relationship to family: |
| | E-mail: | | Church membership: | | Phone Number of Pastor: |
| Contact Person in Canada: (if different than Guardian) | Name: | | E-mail | | Phone Number: |

REGISTRATION: Please complete this section for the visiting students

| FULL Name(s) of Child(ren) | Birth date (month/day/year) | Present Grade | Dates for visit to CCS | | Male or Female | English Name (if applicable) |
|----------------------------|--------------------------------|------------------|------------------------|-----------|-------------------|---------------------------------|
| | | | Arrival | Departure | | |
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|-----------------|-------|--|--------------------|
| Previous School | Name: | | Address and Email: |
| | | | |

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|--|-----|----|--|
| Special Health Concerns/Needs: | | | |
| TRANSPORTATION: Do you require CCS school bus transportation? Bus transportation is only available along certain routes. There is a separate fee if you desire bus transportation. | Yes | No | |

NOTE: There is a \$700 non-refundable one time registration fee. This money must be included with this registration. You can attach a cheque, or wire the money, or arrange to have the money brought in person. Please call us first if you wish to wire the money.

Your signature signifies that you agree to abide by all the policies, procedures and handbooks of Calvin Christian School, including the policies pertaining to Visiting International Students. You acknowledge that the school considers attendance within the stated arrival and departure dates.

Signed at _____ this _____ day of _____, 20_____

FATHER: _____ MOTHER: _____

GUARDIAN or CONTACT PERSON: _____ Date: _____

The personal information collected herein is for the use of Calvin Christian School only. Calvin Christian School does not discriminate on the basis of race, ancestry, colour, national or ethnic origin, citizenship, and gender.