

Calvin Christian School

547 West Fifth Street, Hamilton, ON L9C 3P7

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

International Student Program (ISP)

Registration Form

| 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: | |
| Father's Citizenship: | | Mother's Citizenship: | |
| 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: <i>(if different than Guardian)</i> | Name: | E-mail | Phone Number: |

| REGISTRATION: Please complete this section for your child(ren) Kindergarten through Grade 8 who will be entering CCS for the first time. | | | | | | |
|--|-------------------------------|---------------|------------------|------------------------|----------------|------------------------------|
| FULL Name(s) of Child(ren) | Birthdate (month/day/year) | Present Grade | Country of Birth | Country of Citizenship | Male or Female | English Name (if applicable) |
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What was or will be the arrival date of the student into Canada? _____

What is the anticipated length of stay at Calvin Christian School? _____

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|-----------------|-------|--------------------|
| Previous School | Name: | Address and Email: |
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Please comment on any special need your child(ren) may have because of physical limitations in such areas as speech, hearing, vision, or motor skills, or any learning or behavioural problems or any other condition of which the school should be aware. Please be assured that this information is treated respectfully and confidentially, and is only used to determine placement.

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Transportation:

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| 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. You also agree to support the Board of Directors and staff in their efforts to provide Christian education for your child. You also agree to support the mission of Calvin Christian School. (You can obtain our handbooks and other information from our web site.)

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.

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| Office Use Only |
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