

Whitefield Christian Schools

5808 Finch Avenue East, Scarborough, Ontario
 M1B 4Y6 Phone: 416-297-1212 Email: office@wcschools.ca

STUDENT APPLICATION FORM (A)

Application date:		Grade requested	
Student's Legal Last Name		Student's Legal First Name(s)	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Preferred name	
Birth Date: YYYY/MM/DD	Current grade	Student's age	
Status in Canada: Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student VISA <input type="checkbox"/> (see Application Form B)			
Country of birth		Country of Citizenship	
If not born in Canada, when did student arrive in Canada? YYYY/MM/DD			
CURRENT SCHOOL INFORMATION			
Previous school name			City/town
Type of school Public <input type="checkbox"/> Private <input type="checkbox"/> Catholic <input type="checkbox"/> Montessori <input type="checkbox"/> French Immersion <input type="checkbox"/> Other			
Current grade level		OEN NUMBER (if available)	
FAMILY INFORMATION: FATHER			
Name of father or legal guardian Last Name		First Name	
Address: street name and number			Apt/Unit #
City	Province	Country (other than CANADA)	
Postal Code	Home phone	Cell	
Email address		Father's Employer	
Marital status: <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> joint custody <input type="checkbox"/> sole custody <input type="checkbox"/> shared custody			
FAMILY INFORMATION: MOTHER			
Name of mother or legal guardian Last Name		First Name	
Address (or same as above <input type="checkbox"/>)			
Street name and number			Apt/Unit #
City	Province	Country (other than CANADA)	
Postal Code	Home phone	Cell	
Email address		Mother's Employer	
Marital status: <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> joint custody <input type="checkbox"/> sole custody <input type="checkbox"/> shared custody			
EMERGENCY CONTACT (OTHER THAN PARENT)			
Name and number		Relationship to student:	
Student's Ontario Health Card Number			

CHURCH INFORMATION

What church do you attend?	City	How long have you attended?
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Do you attend church regularly as a family? Yes No

Does the student being enrolled attend church regularly? Yes No

If different than above, which church does the student attend?

Name and contact information of your pastor:

How would you explain the gospel to your child and is the gospel important to you?

As a parent/guardian, do you have a personal relationship with Jesus Christ? Yes No

PROOF OF CONVERSION RECORD OF PARENT/GUARDIAN

As a parent/guardian, briefly describe your relationship with Jesus Christ:

Does your spouse share your convictions? If no, is he/she in agreement with this application? Yes No

REFERRAL INFORMATION

How did you hear about the school?
 a school family church other

Why are you considering Whitefield?

STUDENT INFORMATION

Has the student ever been: Suspended? Expelled?	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain		
Has the student ever repeated a grade? Yes <input type="checkbox"/> No <input type="checkbox"/> Which grade(s)?		
Is the student on medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain		
List any known allergies:		
Has your child any speech impediment requiring therapy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain		
Has your child been diagnosed with any of the following: <input type="checkbox"/> ADHD <input type="checkbox"/> a learning disability <input type="checkbox"/> a hearing impairment	<input type="checkbox"/> a visual impairment <input type="checkbox"/> depression Does he/she wear glasses? Yes No Does your child have an IEP? Yes No	

I certify that the above information is true to the best of my knowledge.

Signature of applicant

Date

Documents attached:

- Photocopy of Birth Certificate or Passport ID page
- Photocopy of Permanent Resident card (if not a citizen)
- Photocopy of immunization record
- Photocopy of most recent report card (if applicable)
- Photocopy of credit counselling summary or transcript (high school only)
- A non-refundable application fee of \$100.00 (per student)

