

KINGSTON CHRISTIAN SCHOOL
APPLICATION FOR ADMISSION

Full Name of Child: _____ Sex: _____ Entering Grade: JK SK 1 2 3 4 5 6 7 8
Commonly Used Name: _____ Date of Birth: Day _____ Month _____ Year _____
Home Address: _____ Date of Entry to KCS: _____
_____ Citizenship: _____
Postal Code: _____ Home Phone Number: _____
Language(s) Spoken at Home: _____ E-mail Address: _____
Current School: _____
Health Card Number _____
Family Physician _____ Church Affiliation _____
Phone Number _____ Pastor _____

FAMILY INFORMATION:

	Name	Birthplace	Marital Status	
Father:	_____	_____	_____	
Mother:	_____	_____	_____	
Siblings:	Name	Date of Birth (d/m/y)	Name	Date of Birth (d/m/y)
	_____	_____	_____	_____
	_____	_____	_____	_____

EMERGENCY CONTACT: Person to contact when parent/guardian cannot be reached:

Name: _____ Phone Number: _____
Relationship to Student: _____

EMPLOYMENT INFORMATION:

	Occupation	Employer	Phone Number
Father:	_____	_____	_____
Mother:	_____	_____	_____

It is understood that parents are required to pay tuition fees as per the schedule accepted by the Kingston Christian School Society at its Annual Meeting. A deposit of \$250 is required with each family's application. If you should decide not to enroll your child for any reason after placing the deposit of \$250, we will issue you a tax deductible receipt for that amount. If we refuse admission of your child, we will refund the \$250. If your children enroll, the \$250 is applied to your first year's tuition.

Parent(s) or Guardian _____ Date _____
Signature

Please answer the following questions:

1. Why do you believe your child will benefit from this school?

2. If your child is accepted, can the teacher and the school board expect your full support regarding educational policies and religious teaching?

3. Is there anything we should know about your child's character and/or social emotional behaviour, such as expected difficulties integrating into the classroom environment, and any previous assessments for learning, behavioural or physical difficulties?

4. Do you have any suggestions for us to make your child's experience at school good and positive?

5. What are your observations about your child's learning ability? Please comment.

6. Please identify any medical problems of which we should be aware (i.e. allergies, food allergies)

7. KINDERGARTEN ONLY - In the growth and development of your child including speech and motor development (i.e. creeping, crawling, walking) have you noticed anything unusual? Please explain.

8. KINDERGARTEN ONLY - Was your child's birth Normal _____ Premature _____ With complication _____

9. KINDERGARTEN ONLY - Is your child right handed or left handed (please circle)? If both, please explain.

ENCLOSURES: (These are required prior to processing this application.)

- Non-refundable tuition deposit cheque (\$250) (new families only) _____
- Progress report from previous school _____
- Copy of Birth Certificate _____
- Copy of Immunization _____
- Any previous testing or assessment results _____

NOTE: In order to help us evaluate the effectiveness of our Public Relations work, please indicate how you were first informed about KCS.

- _____ a friend _____ poster or flyer _____ an ad in the newspaper _____ KCS Open House
- _____ personal investigation _____ other _____