



# TRENTON CHRISTIAN SCHOOL

## STUDENT ENROLMENT FORM – FORM 1

### STUDENT INFORMATION:

<b>SURNAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
Date of Birth (D/M/Y)		Health Card #:		Birth Cert. #:	
Citizenship: Canadian <input type="checkbox"/> Non-Canadian <input type="checkbox"/>					
School Previously attended:				School Address:	
Grade Registering for:		If registering for JK or SK would you prefer the <input type="checkbox"/> 3 day or <input type="checkbox"/> 5 day program			
Current Grade Level:					

### STUDENT HEALTH INFORMATION:

Family Physician:		Phone #
Emergency Contact Name:		Phone #
Relationship to Student:		Health Concerns

### STUDENT OVERALL INFORMATION:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child get along well with his or her peers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any academic difficulties?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any concerns regarding your child's eyesight?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any concerns regarding your child's hearing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any concerns regarding your child's speech?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child require any special equipment for their education?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child receive extra assistance from their classroom teacher, therapist or someone else in the school?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any reports been written about your child besides those that are written by the classroom teacher each term?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is English your child's first language?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, does your child require extra support in English?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any concerns regarding your child's ability to focus in the classroom?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been formerly identified as gifted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have an IEP (Individual Education Plan)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been formerly identified with a learning disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any physical disabilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have reported behaviour difficulties?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been identified with an Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, does your child take medication for this?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does it need to be administered at school?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child take any type of medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what reason? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes does it need to be administered at school?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever had a Psycho-Educational Assessment or a Psychological Assessment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please include copies of the assessment with the admission package.

## FAMILY INFORMATION:

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Natural Father: \_\_\_\_\_ Citizenship: Canadian \_\_\_\_ Non-Canadian: \_\_\_\_

Non-Canadian Proof of Citizenship: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Pastor: \_\_\_\_\_

Natural Mother: \_\_\_\_\_ Citizenship: Canadian \_\_\_\_ Non-Canadian: \_\_\_\_

Non-Canadian Proof of Citizenship: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Pastor: \_\_\_\_\_

## Employment Information:

Father's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Other Siblings at Home:

Do you have any other children at home that will be ready for school in the next few years?

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Grandparent Information:

Name & Addresses for our mail list

\_\_\_\_\_  
\_\_\_\_\_

## CUSTODY STATUS:

**Registering Parents Reside Together**

I am the natural or adoptive mother/father of the child and the natural mother/father of the child resides with me and the child.

**Registering Parent does NOT reside with other parent and child lives with registering parent on the consent of the other parent.**

I am the natural or adoptive mother/father of the child and the child resides with me with the express or implied consent of the child's natural or adoptive mother/father

**Registering parent has custody pursuant to a separation agreement.**

I am the natural or adoptive mother/father of the child and I have custody of the child pursuant to a separation agreement between myself and the natural or adoptive mother/father.

**Registering person is a relative/friend/agent**

**Registering parent has custody pursuant to a court order.**

I am the natural mother/father of the child and I have custody of the child pursuant to a court order.

**Children's Aid Society – Group Home Name if Applicable:** \_\_\_\_\_

I am the foster mother/father of the child.

## CUSTODIAL SITUATION:

Are there any custodial situations we need to be aware of? (Permission to visit, pickup, or see child). Please explain.

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## COMPLETION:

I have completed this registration form accurately and truthfully to the best of my knowledge.

We hereby apply to have our child(ren) enrolled at Trenton Christian School. With this application we submit:

Completed student information forms -

Copy of – most recent report card

- IEP's and other special education reports, if applicable
- Birth Certificate
- Health Card Number
- Proof of Citizenship
- Immunization Records

We/I give the TCS Principal permission to contact the former school if required.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date