



APPLICATION FOR ENROLMENT

ADMISSIONS PROCESS

Thank you for considering enrolment at Huron Christian School. Attached you will find the admission documents necessary to process your enrolment application. Please review the admission process below and return the completed documents to the school office at the address below.

Application for Enrolment

- Complete all applicable sections

Pastoral Reference

- Fill in your name in the first line
- Provide it to your Pastor to fill out
- The Pastor can return it to you or directly to the office
- All applications must have a pastoral reference before they may be considered

Membership

- Membership in the Huron Christian School Society allows you to participate fully at membership meetings, vote on school issues and serve on committees and the Board.
- If you wish to become a member, please read through the application and sign your agreement with the statements.
- The membership fee of \$400 is included in your tuition.

Registration Fee

- \$500 tuition deposit fee is required with the application.
- Should your application be denied for any reason, this fee will be returned to you.
- If it is accepted and you choose not to attend, the deposit is non-refundable.
- If you are attending, the deposit will be credited towards your tuition.

Your forms will be forwarded to the Admissions Committee for consideration. The principal will contact you to set up a visit in order to review your application and answer any questions you may have. You will be contacted once your application has been reviewed.

APPLICATION FOR ENROLMENT FORM

Family Information		
Family		
Last Name:		
Street Address:	City:	Postal Code:
Home Phone:	Cell:	School Year Applying For:
Email Address:	Verification of Citizenship:	
Parent Information		
Father's Name:	Mother's Name:	
Occupation:	Occupation:	
Employer:	Employer:	
Business Phone:	Business Phone:	

Student Information (to be enrolled)						
First Names	Last Name	Age	Gender	Birth Date (M/D/Y)	Grade (to enter)	Health Card #

Other Dependents at Home:					Identification for Verification of Age <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Passport <input type="checkbox"/> Other
First Name	Last Name	Age	Gender	Birth Date (M/D/Y)	

APPLICATION FOR ENROLMENT FORM (continued)

Church Affiliation Information			
Church Name:			
Pastor's Name:			
Street Address:		City:	Postal Code:
Email Address:		Work Phone:	Cell:
If multiple residences are involved, please indicate where and how we are to address correspondence regarding school activities and student progress. Please include full name, address and email address.			
Name:		Relationship to Child:	
Address:		Email:	
Mail to the above mentioned parent/guardian:		Weekly newsletter	Yes No
		Report Card	Yes No
		Parent/Teacher Conferences	Yes No
Grandparents: A publication called the LINK is created at HCS five times a year and is sent out to our supporting community. We would like to include grandparents in our mailing list. Please fill in the mailing information for grandparents or other seniors that you feel would appreciate this publication.			
Name:	Address:	City:	Postal Code:

Present School (if applicable)	
Name:	
Address:	Telephone Number:

APPLICATION FOR ENROLMENT FORM (continued)

Emergency Contact Information	
If HCS needs to cancel school during the day, or if your child is injured, please provide a phone number where we can best reach you.	Phone Number:
If we are unable to contact you, we need permission from you to contact someone else to make arrangements for your children. Please provide the following information.	
1 st Contact Name:	Relationship to Student:
Phone Number:	Cell Phone:
2 nd Contact Name:	Relationship to Student:
Phone Number:	Cell Phone:
<p>If, in the case of illness or accident to my child(ren), and when I/we or my Emergency Contact cannot be reached by telephone, I/we authorize the principal to arrange to have my child(ren) taken to the Emergency Department at the nearest hospital. Also, I/we give permission for an ambulance if the situation is deemed a necessity and to use my child's/children's Health Card Number.</p> <p style="text-align: center;">_____ Yes _____ No</p>	
Please describe any medical conditions or health concerns that school personnel should be aware of for each child enrolled, such as significant allergies, regular medication, and/or other physical limitations. An anaphylaxis alert form must be filled out if this applies to your child.	
Family Doctor:	Phone:
Please describe and explain any special services, accommodations, and/or modifications any of the children to be enrolled have received.	

APPLICATION FOR ENROLMENT FORM (continued)

Please respond to the following

Why do you wish to enroll your child/ren in Huron Christian School?

What are your expectations of Huron Christian School for your family and your child/ren?

In your own words, describe your faith journey.

Commitments

1. We hereby request enrolment of our child(ren) in the appropriate grade at Huron Christian School in accordance with the aims and purposes of this institution.
2. We will support the school and teach Biblical Christian principles at home to ensure that the school and home together nurture the child in his/her faith
3. We give permission for the school to contact the previous school and request the Ontario Student Records and information about tuition status (if applicable).
4. We agree to support the bylaws, policies and resolutions of the school.

Statement of Faith

1. We are active participants in a Christian church.
2. We profess Jesus Christ as Lord and Saviour
3. We profess that God is the creator of all things, Jesus is His Son who died and rose again for our sins, the Holy Spirit works within us to convict us, and that eternal life comes through Jesus alone.

Enrollment Checklist			
We agree with the Commitments and Statement of Faith listed on the previous page and wish to become members of the Huron Christian School Society.	Yes	No	N/A
Do you agree to the transfer of the Ontario Student Record file from your current school to this school upon enrollment?	Yes	No	N/A
Have you included the required deposit fee of \$500 payable to HCS? (new families only)	Yes	No	N/A
Have you signed the HCS Application for Enrollment form?	Yes	No	N/A
Have you completed the Pastoral Reference Form? (new families only)	Yes	No	N/A
Have you completed the Supplementary Kindergarten Enrollment Form (if applicable)?	Yes	No	N/A
Have you completed the Anaphylaxis Alert Form (if applicable)?	Yes	No	N/A
From time to time pictures taken or school work done at school will be used in promotional materials and on the school website, no identifying information will be given. May we publish your child(s) picture in this manner? Yes No			
From time to time names of students need to be published in the HCS Weekly Newsletter. May we publish your child(s) name? Yes No			
HCS does not discriminate on the basis of race or ethnic background.			
Information provided on this form will only be used for admission purposes.			

We would be interested in learning more about a Tuition Bursary: Yes No

Signatures:

Father/Guardian		Mother/Guardian	
Date		Date	



Ontario Student Records Parental Consent Form

I/we have enrolled our child/ren in the Huron Christian School. I/we agree to have the Ontario Student Records sent to this school.

Parent/Guardian Signature:

Date:

The office of the Huron Christian School hereby agrees to accept responsibility for the records and to use, maintain, protect and transfer the records following the procedures outlined in the manual authorized for use with the Ontario Student Record System.

Debra Rozendal
Office Administrator



Pastor's Reference Form

SECTION 1 – To be filled out by Family	
Family Name	Church Affiliation
Name of Church	Pastor's Name
Address of Church	
Church Phone	Church Fax
SECTION 2 – To be filled out by Pastor	
How long have you known this family?	How long have they attended your congregation?
Does this family have membership in your church?	Does this family attend services and functions regularly?
List areas/ways in which this family is involved with or contributes to the life and ministry of the church?	
Any other comments?	
Pastor's Signature	Date
Please fax this form to Huron Christian School at 519.482.7448 or mail it to the school at 87 Percival Street, PO Box 658, Clinton ON N0M 1L0.	



Supplementary Kindergarten Enrollment Form

Student Information					
First Name	Last Name	Age	Gender	Birth Date (M/D/Y)	Health Card Number
<p>Tell us about your child. Please answer the following questions to enable us to better understand and help your child.</p>					
<p>1. 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.</p>					
<p> </p>					
<p>2. Is there anything you wish to share about your child's character and/or social-emotional behaviour?</p>					
<p> </p>					
<p>3. Do you have any suggestions for us to make your child's experience a good and positive one?</p>					
<p> </p>					
<p>4. Are there any special health problems we should be aware of? (such as epilepsy, diabetes, asthma, heart problems, allergies, special medication, vision, hearing)</p>					
<p> </p>					
<p>5. Has your child attended special classes for developmental delay prior to enrolling in Kindergarten?</p>					

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

7. Other comments.



Anaphylactic Allergy Alert

Student Information		ID Photo
First Name	Last Name	
Date of Birth (M/D/Y)	Health Card Number	

This child has a life threatening anaphylactic allergy reaction to:

_____	<input type="checkbox"/> Taste	<input type="checkbox"/> Touch	<input type="checkbox"/> Smell
_____	<input type="checkbox"/> Taste	<input type="checkbox"/> Touch	<input type="checkbox"/> Smell
_____	<input type="checkbox"/> Taste	<input type="checkbox"/> Touch	<input type="checkbox"/> Smell

Common signs of an anaphylactic reaction:

Flushing	Hives	Inability to Breathe
Tingling of lips and mouth	Vomiting	Loss of Consciousness
Itching eyes, nose, face	Weakness and dizziness	Wheezing
Swelling of eyes and face	Swelling of throat	Diarrhea

Emergency Action Plan

Act immediately and **do not** leave child alone.

Listen to the child. Believe what the child is telling you.

1. Give the prescribed medications:

Drug Name	Instructions
_____	_____
_____	_____

2. Call 911
3. Notify the parents/guardians.

Emergency Contacts

Mother/Guardian: _____	Phone (H): _____	Phone (W): _____
Father/Guardian: _____	Phone (H): _____	Phone (W): _____
Other: _____	Relationship: _____	Phone: _____

I consent to the Emergency Action Plan and administration of the prescribed medications as outlined above.

_____	_____	_____
Name of Parent/Guardian (Please print)	Signature of Parent/Guardian	Date