

A Christ-centered Education K - 8

4789 - 53 Street Delta, BC V4K 2Y9 Ph: 604-946-2514 Fax: 604-946-2589

FOR OFFICE USE ONLY	NFI - International
DATE RECEIVED:	
PASSPORT and/or STUDE	NT AUTHORIZATION:
111001 OKT and/of 01 CDE	MULIONIZATION.
REPORT CARDS/TRANSC	CRIPTS:
PASTOR'S REFERENCE _	
REGISTRATION FEE REC	CEIVED:
INTERVIEW DATE:	
PREPAID TUITION RECE	IVED:
LETTER OF ACCEPTANC	
REGISTRATION COMPLE	

STUDENT INFORMATION	ON			
Surname (Family Name) _				
Given Names (shown in pas	ssport)			
Pirth Data		Dlaga of Birth	Say (circle and) Mala Famelo	
month da	ay year	Frace or Birdir_	Sex (circle one) Male Female	
PERMANENT MAILING				
City		Country		
Telephone	Fax		Email_	
	_			
Date of admission requested		Grade application		
If this is your first child atte	ending the scho	ol, please state br	riefly your reasons for registering your	
child(ren) at Delta Christian	School.			
How did you first hear abou	it Delta Christia	an School?		
FAMILY INFORMATIO	IN			
Father's Name		O	Occupation	
			Occupation	
Address (if different from Telephone	_		Email	
1 010 0110110	ı un			

	CONTACT PERSON IN HO	
Name	Telephon	neEmail
LOCAL CONTA	ACT PERSON (if available)	RESPONSIBLE FOR STUDENT IN CANADA
		Relationship
Address Telephone	Fax	Email
CHURCH AFIL		
Church your fami	ily is regularly attending:	Telephone:
1 asto1		Telephone.
If church member	rship is less than one year, ple	ase list previous church, pastor and pastor's phone number:
MEDICAL INFO	ORMATION	
Physical conditio	n	
Can your child pa	articipate in a full physical edu	acation program?
	tor's certificate is required for explease notify the school.	xemption for P.E. class as this is a compulsory subject. If your child's
Does your child h	nave any of the following?	
Diabetes 🔘	Hearing problem	Heart condition
Asthma 🔘	Vision problem	Allergies: mild & severe
Epilepsy 🔘	Contact lenses	please specify allergy
Speech problems		
Briefly explain al	oove conditions	
Family Doctor (if	f available)	Telephone :
Dentist (if available)		Telephone:

ACADEMIC INFORMATION (if applicable) Schools attended – list the last two schools, starting with the most recent. location dates of attendance school grade Please attach all original plus officially translated **copies of transcripts** and/or **report cards** for the past two years (unless kindergarten). **Educational Program and Class Placement Information** The following information and documentation is necessary in assisting DCS to determine whether, and if so how, we can best meet the student's needs. 1. Has the student repeated any grades? If "Yes", Grade Year 2. Does the student have any special learning needs or require any educational support or assistance? (No (Yes 3. Has the student ever experienced any social or behavioral difficulties at school? If yes, please describe: _____ (Yes 4. Please list student's interests and hobbies (soccer, piano, stamp collecting etc.)

5. Is there anything else you wish to convey to the school?