



# DELTA CHRISTIAN SCHOOL

A Christ-centered Education K - 7

4789 - 53 Street  
Delta, BC V4K 2Y9

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## FOR OFFICE USE ONLY

(form updated 1/22/2016)

NFI

DATE RECEIVED \_\_\_\_\_  
REGISTRATION FEE RECEIVED \_\_\_\_\_  
COPY OF BIRTH CERTIFICATE \_\_\_\_\_  
COPY OF VACCINATION RECORD \_\_\_\_\_  
PASTOR'S REFERENCE \_\_\_\_\_  
PRINCIPAL INTERVIEW \_\_\_\_\_  
ADMISSION INTERVIEW \_\_\_\_\_  
PARENTS ACCEPTED & NOTIFIED \_\_\_\_\_  
REPORT CARDS RECEIVED \_\_\_\_\_

## STUDENT REGISTRATION FORM

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

surname first name second name

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
month day year

Date of admission \_\_\_\_\_ Grade application \_\_\_\_\_ Canadian Citizen: Yes \_\_\_ No \_\_\_

Family email address \_\_\_\_\_ Landed Immigrant: Yes \_\_\_ No \_\_\_

**If this is your first child attending the school, please state briefly your reasons for registering your child(ren) at Delta Christian School.** \_\_\_\_\_

How did you first hear about Delta Christian School? \_\_\_\_\_

**Please attach a copy of "Certificate of Birth" and vaccination records.**

## FAMILY INFORMATION

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Employment (ie. Canadian Tire) \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Email: (if different than family email) \_\_\_\_\_

Canadian Citizen: Yes \_\_\_ No \_\_\_ Landed Immigrant: Yes \_\_\_ No \_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Postal Code \_\_\_\_\_

Father's Email: (if different than family email). \_\_\_\_\_

Employment (ie. Canadian Tire) \_\_\_\_\_ Business Phone \_\_\_\_\_

Canadian Citizen: Yes \_\_\_ No \_\_\_ Landed Immigrant: Yes \_\_\_ No \_\_\_

Family Status: married \_\_\_ divorced \_\_\_ separated \_\_\_ single \_\_\_

Custodial parent (name) \_\_\_\_\_

Non-custodial parent (name) \_\_\_\_\_

Relevant documents available: yes \_\_\_ no \_\_\_ If yes, please attach court order. If no, explain the agreement arrangement made and sign the letter.

Language spoken at home: English or \_\_\_\_\_ (specify)

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Brothers and sisters of student:

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

Birthdate: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

If any of these children of school age are not being enrolled at Delta Christian School, please explain: \_\_\_\_\_

Church your family is regularly attending: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

If church membership is less than one year, please list previous church, pastor and pastor's phone number: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

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### **MEDICAL INFORMATION**

Student's name \_\_\_\_\_ Phone \_\_\_\_\_

surname first name second name

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Physical condition \_\_\_\_\_

Can your child participate in a full physical education program? \_\_\_\_\_

*Please note: A doctor's certificate is required for exemption for P.E. class as this is a compulsory subject. If your child's condition changes, please notify the school.*

Does your child have any of the following?

Diabetes \_\_\_

Hearing problem \_\_\_

Heart condition \_\_\_

Asthma \_\_\_

Vision problem \_\_\_

Allergies: mild \_\_\_ severe \_\_\_

Epilepsy \_\_\_

Contact lenses \_\_\_

please specify allergy \_\_\_\_\_

Speech problems \_\_\_

Other \_\_\_\_\_

Briefly explain above conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Person to contact in case of accident/illness during parent's absence:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Person to contact in case of earthquake emergency (must be a long distance phone number)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Authorization to proceed with emergency measures: Yes \_\_\_ No \_\_\_

Personal Health Care Card Number \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

parent/guardian

**ACADEMIC INFORMATION** (if applicable)

Schools attended: Please list the last two schools attended by student:

| school | location | dates of attendance | grade |
|--------|----------|---------------------|-------|
| <hr/>  |          |                     |       |
| <hr/>  |          |                     |       |

Briefly share your experiences with your current school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of the most recent report card issued by the school presently attended by the student.

**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. Does the student have any special learning needs or require any educational support or assistance?  
 Yes                       No
  
2. Has the student received learning assistance or educational support?  
 Yes                       No                      If yes, please describe the frequency and kind of support provided.  
\_\_\_\_\_
  
3. Has the student ever experienced any social or behavioral difficulties at school?  
 Yes                       No                      If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_