



# STUDENT APPLICATION FORM

## STUDENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Surname Middle First*

Gender: Male: ( ) ; Female: ( ) Date of birth: \_\_\_\_\_  
*Month Day Year*

Address: \_\_\_\_\_  
*Street and Number City/Town Postal Code*

Grade applying for: \_\_\_\_\_ School year: **20** to **20**

## MEDICAL INFORMATION

Allergies and/or Physical limitations: \_\_\_\_\_

Other medical: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health card no.: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Name of father: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
*Surname First* Bus/Cell Phone: ( ) \_\_\_\_\_  
e-mail: \_\_\_\_\_

Name of mother: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
*Surname First* Bus/Cell Phone: ( ) \_\_\_\_\_  
email: \_\_\_\_\_

**Alternate adult contact in case parent/guardian cannot be reached:**

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
*Surname First* Bus/Cell Phone: ( ) \_\_\_\_\_  
e-mail: \_\_\_\_\_

If parents are separated or divorced, who has legal custody? (Documentation required) \_\_\_\_\_

Church presently attending: \_\_\_\_\_

School previously attended: \_\_\_\_\_ Referring family: \_\_\_\_\_

Please provide some specific reasons for wishing to enroll your child at Kleinburg Christian Academy:

In order to better understand your child, please answer the following questions. This information is for the sole purpose of assessing the suitability of your child to our program. The school does not have extensive resources to help children who have significant academic or behavioural difficulties.

**BEHAVIOUR**

1 Does your child have any behavioural difficulties in a normal classroom/school setting?

Yes \_\_\_ No \_\_\_

If yes, please give further details.

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2 Has your child ever been suspended from school?

Yes \_\_\_ No \_\_\_

If yes, please give further details.

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**ACADEMIC**

1 Would you consider your child to be at grade level in their achievement?

Yes \_\_\_ No \_\_\_

If no, please give further details.

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2 Is your child experiencing any difficulties in one or more subject areas?

Yes \_\_\_ No \_\_\_

If yes, please give further details.

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3 Has your child ever been formally assessed for learning or behavioural difficulties?

Yes \_\_\_ No \_\_\_

If yes, please give further details.

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4 Are there any concerns that you have relative to your child's chance of success at KCA?

Yes \_\_\_ No \_\_\_

If yes, please give further details.

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