



ALLISTON COMMUNITY CHRISTIAN SCHOOL

Providing a Christ-Centred Education that Challenges Culture, Accessible to Christian Families

Pre-visit Questionnaire

Alliston Community Christian School (ACCS) aims to provide students with the opportunity to realize their God-given potential and develop into Christ-minded citizens who love and glorify God through their use of skills, knowledge, care, and contributions to society. This can only be achieved with the support of a community of Christian faith that involves whole-hearted devotion and faithfulness to Christ found at home, church, and school.

NAME OF PARENT/LEGAL GUARDIAN (1)		LIVES WITH STUDENTS	
Is this the primary contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMAIL ADDRESS:			
ADDRESS:			
ALL RELEVANT PHONE NUMBERS			
PRIMARY NUMBER:		<input type="checkbox"/> HOME	<input type="checkbox"/> CELL <input type="checkbox"/> WORK
ALTERNATE NUMBER:		<input type="checkbox"/> HOME	<input type="checkbox"/> CELL <input type="checkbox"/> WORK
ALTERNATE NUMBER:		<input type="checkbox"/> HOME	<input type="checkbox"/> CELL <input type="checkbox"/> WORK
NAME OF PARENT/LEGAL GUARDIAN (2)		LIVES WITH STUDENTS	
Is this the primary contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMAIL ADDRESS:			
ADDRESS:			
ALL RELEVANT PHONE NUMBERS			
PRIMARY NUMBER:		<input type="checkbox"/> HOME	<input type="checkbox"/> CELL <input type="checkbox"/> WORK
ALTERNATE NUMBER:		<input type="checkbox"/> HOME	<input type="checkbox"/> CELL <input type="checkbox"/> WORK
ALTERNATE NUMBER:		<input type="checkbox"/> HOME	<input type="checkbox"/> CELL <input type="checkbox"/> WORK
CHURCH NAME:		DENOMINATION:	
PASTOR'S NAME:	EMAIL:	PHONE #:	



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NAME OF CHILD or CHILDREN you are considering for enrolment		
NAME(S):	BIRTH YEAR:	GRADE:
PREVIOUS SCHOOL:		
AT ALLISTON COMMUNITY CHRISTIAN SCHOOL, OUR GOAL IS TO MEET THE LEARNING NEEDS OF ALL OUR STUDENTS. TO HELP ENSURE THAT WE CAN MEET THE LEARNING NEEDS OF YOUR CHILD(REN), PLEASE SHARE THE FOLLOWING INFORMATION:		
Do any of your children have an Individual Education Plan (IEP), Safety Plan, Behaviour Plan or similar document(s)? <i>(if so, please attach)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your children have any identified disabilities that Alliston Community Christian School should be made aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your children have academic, behavioural, physical, medical, psychological, social or emotional concerns the school needs to be made aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of your children received extra help from a private tutor or education company (e.g., Kumon, Sylvan, Oxford)? <i>(if so, please specify)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Admissions Questionnaire:

1. Main Reasons for Enrollment

Please select the main reasons for your request for enrollment at King Christian School:

- Religious (Christian Protestant) perspective
- Good Discipline
- Basic Skills
- Caring Teachers
- Healthy Peer Environment
- Academics
- Personal Development
- Dissatisfaction with other educational systems
- Other (please describe):



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2. Institution Change

If you are making a change of institution (school), please provide reasons for the change:

3. Christian Faith

Who is Jesus Christ to you? (Response required by both parents/guardians)

Parent/Guardian 1:

Parent/Guardian 2:

4. Christian Commitment at Home

Please describe how your Christian commitment is expressed in your home.

5. Expectations

What are your expectations from Alliston Community Christian School? What do you hope for?

6. Areas of Concern

Please check any areas of concern and provide further explanation:

- Transportation
- Tuition Payment
- Discipline
- Curriculum
- Special Needs of your child(ren)
- Other (please describe)



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(For Your Information)

Statement of Parental Support:

When parents are applying for enrollment, parents/guardians affirm:

1. They support the purpose and principles of Alliston Community Christian School as described by the school's mission, vision, policies, and by-laws.
2. They are practicing Christians.
3. They are committed to ensuring that their child(ren) will be educated in a manner consistent with the Christian values upheld by Alliston Community Christian School.
4. They agree to the school's discipline policies and understand that improper conduct may lead to disciplinary action, including expulsion.
5. They commit to fulfilling their financial obligations to Alliston Community Christian School.
6. They understand the probationary period for their child's admission and placement, which may be reviewed for up to the first three months.

Christian Education Agreement

Alliston Community Christian School restricts enrollment to students who meet the following criteria:

1. At least one parent or guardian must identify as a practicing Christian, committed to the school's Statement of Faith.
2. The student must demonstrate the ability and willingness to succeed academically and participate in the Christian environment of the school.
3. The student must be socially, emotionally, and physically capable of integrating into the school community.

The first three months of enrollment will be a probationary period, during which the school will assess the student's suitability. Families will be notified of the student's performance and future status after this period.

Signatures of Parents/Guardians

Parent/Guardian 1

Printed Name: _____
 Signature: _____
 Date: _____

Parent/Guardian 2

Printed Name: _____
 Signature: _____
 Date: _____