



STUDENT ENROLLMENT APPLICATION

PERSONAL INFORMATION

First Name: _____ Last Name: _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Home Phone: _____ Sex _____ Birth Date: ____/____/____
 Birthplace: _____ School last attended: _____
 Last Grade Completed: _____

FAMILY INFORMATION

Father's Name: _____ Employment: _____
 Position: _____ Bus. Phone: _____
 Marital Status: Married Widow Divorced Separated
 Mother's Name: _____ Employment: _____
 Position: _____ Bus. Phone: _____
 Marital Status: Married Widow Divorced Separated
 Children of school age not applying:
 Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____
 Reason they are not applying: _____

RELIGIOUS INFORMATION

Church Attending: _____
 Address: _____
 Pastor's Name: _____
 Father: Christian? Yes No / Mother: Christian? Yes No
 Has applicant ever made a profession of faith in Christ? Yes No

MEDICAL INFORMATION

Family Physician: _____ Phone No. _____
 Physician's Address: _____
 Does student have any physical defects or allergies? Yes No
 If yes, explain: _____
 Ontario Health Card No: _____ Expiry Date: _____

*Please attach Immunization Chart or a list of immunizations from your family doctor.

SCHOLASTIC INFORMATION

- Has student ever been expelled, dismissed, suspended, or refused admission to another school? Yes No
If yes, explain: _____
- Has student ever had disciplinary difficulty at school? Yes No
If yes, explain: _____
- Does student have a juvenile or arrest record? Yes No
If yes, explain: _____
- Please indicate academic level of student's previous work: Excellent Good Average Poor
- Has student ever failed an academic subject in school? Yes No
If yes, explain: _____

EMERGENCY TELEPHONE NUMBERS

In case Parents/Guardians cannot be reached, the following people are authorized to pick up the students.

1. Name: _____ Tel. No. _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Home Tel: _____ Bus Tel: _____

2. Name: _____ Tel. No. _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Home Tel: _____ Bus Tel: _____

HOW DID YOU HEAR ABOUT ALIVE CHRISTIAN ACADEMY INT’L? (PLEASE CHECK ALL THAT APPLY)

- Agent
- Our Website
- Other Website
- Education Fair
- Magazine
- Relative/Friend
- other

If from an Agent or Student enrolled in school, please specify the name: _____

For your convenience in meeting your financial obligations, tuition is divided into ten installments. The first payment is due on or before _____ the tenth payment is due on _____, before the final Progress Reports are issued at the end of the school year.

“I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.”

“I give permission for my student to take part in all school activities, including sports and school- sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.”

“I agree to uphold and support the high academic standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.”

“I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant’s behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.”

“I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.”

“I have read the Policies and Procedures Manual, agreed to complete parent orientation PACE’s, and understand the terms stated on this Application and on the Policies and Procedures Manual, and agree thereto.”

Signature of Parent/Guardian

Signature of Parent/Guardian

Relationship to child

Relationship to child

Date Signed

Date Signed

WRITE, CALL OR EMAIL US.

By Mail

Administration Office
Alive Christian Academy
720 Progress Avenue
Scarborough, Ontario, Canada M1H 2X3

By Phone/Fax/Email

Tel: 416.439.2480
Fax: 416.439.2485
Email: contact@jciami.com
Website: www.jciami.com/aca