

HOLLAND MARSH DISTRICT CHRISTIAN SCHOOL SOCIETY

ENROLMENT APPLICATION – PART 1 – GENERAL INFORMATION

Parent(s) / Guardian(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Father's Business # \_\_\_\_\_ Mother's Business # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ Marital Status: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Denomination: \_\_\_\_\_

Location: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**Child(ren) to be enrolled:**

<u>Legal Name</u>	<u>Date of Birth</u>	<b>Please attach a photocopy of birth certificate(s)</b>	<u>Grade Placement</u>
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Other children in family: (please include date of birth):  
\_\_\_\_\_

**Date of desired enrolment:** Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Transportation:** \_\_\_\_\_ I would like my child(ren) to use the bus service \_\_\_\_\_ I do not require bus service

Main intersections near home for busing: \_\_\_\_\_

**Check where applicable:** My child has / had:

\_\_\_\_\_ difficulty in academic progress    \_\_\_\_\_ learning disability    \_\_\_\_\_ need for enrichment  
\_\_\_\_\_ professional counseling    \_\_\_\_\_ behavioural disorders    \_\_\_\_\_ medical/health concerns

Additional Info: \_\_\_\_\_

**Name of School last attended:** \_\_\_\_\_

Address: \_\_\_\_\_

**Name of individual(s) (if applicable) significantly influencing decision to apply for enrolment:**  
\_\_\_\_\_

Parent(s) / Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a \$300 non-refundable application fee payable to HMDCS.

HOLLAND MARSH DISTRICT CHRISTIAN SCHOOL SOCIETY

ENROLMENT APPLICATION – **PART 2** – ADMISSIONS QUESTIONNAIRE

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1. How did you hear about H.M.D.C.S.? \_\_\_\_\_
2. What made you decide to want to leave your child(ren)'s previous school? \_\_\_\_\_  
\_\_\_\_\_
3. What are the main reasons for your request for enrolment at H.M.D.C.S.?  
 religious perspective  
 good discipline  
 basic skills  
 caring teachers  
 healthy peer environment  
 academics  
 personal development  
 dissatisfaction with other systems  
 other \_\_\_\_\_
4. Who is Jesus Christ to you? \_\_\_\_\_  
\_\_\_\_\_
5. How is your Christian commitment expressed in your home? \_\_\_\_\_  
\_\_\_\_\_
6. How would you like to volunteer/participate in the school? \_\_\_\_\_  
\_\_\_\_\_
7. What are your expectations from H.M.D.C.S.? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any concerns in the following areas? (y/n) Explain.
  - transportation \_\_\_\_\_
  - tuition payment \_\_\_\_\_
  - discipline \_\_\_\_\_
  - curriculum \_\_\_\_\_
  - special needs of your child \_\_\_\_\_
9. Do you understand the Basis Statements and agree with them? \_\_\_\_\_  
\_\_\_\_\_
10. Questions for us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOLLAND MARSH DISTRICT CHRISTIAN SCHOOL SOCIETY**

**ENROLMENT APPLICATION – PART 3 – ACKNOWLEDGEMENT & AUTHORIZATION**

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By signing below, I/we acknowledge and agree to the following:

1. I/We have received, read and understand the HMDCS Basis Statements / Educational Creed and Parent Handbook and are in full support of the principles, practices, policies and procedures described therein.
  
2. I/We authorize Holland Marsh District Christian School Society to contact the school(s) at which my/our child(ren) have been previously enrolled (if applicable) to gather reference information including but not limited to:
  - Academic, behavioural, and social history of the child(ren) for which application for enrolment is being made
  - Tuition payment history (if applicable)
  
3. I/We grant Holland Marsh District Christian School Society permission to collect, retain and use my/our and my/our child(ren)'s personal information as defined by Canadian Privacy Legislation (PIPEDA);
  
4. I/We understand that this application for enrolment, if approved, is conditional on my/our provision of additional information, acknowledgements and authorizations which are required to complete the enrolment process.

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Printed Father/Guardian Name

Signature

Date

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Printed Mother/Guardian Name

Signature

Date