

# Application For Admission



## Student Information (Please complete a section for each child being enrolled)

Surname:	First Name:	Middle Name:
Name child usually goes by:		Date of Birth: (m/d/y):
Grade entering into: _____		Health Card #: _____
Name of school previously attended: _____ Ph: _____		Dr.: _____ Ph. #: _____

### Personal Information

In a few sentences briefly explain your child's experiences and attitude toward spiritual matters. You could mention church attendance, Sunday School, children's clubs, knowledge of Bible stories and generally how your child feels about spiritual matters. Add any other information you think would be helpful.

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Health Concerns: Please list any specific allergies or other health concerns (inc. hearing, vision, speech, etc.):

Please list any specific learning/social difficulties:

Please list any talents, skills, interests, etc. your child has:

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### Student Information (to be completed only if a second child is being enrolled)

Surname:	First Name:	Middle Name:
Name child usually goes by:		Date of Birth: (m/d/y):
Grade entering into: _____		Health Card #: _____
Name of school previously attended: _____ Ph: _____		Dr.: _____ Ph. #: _____

### Personal Information

In a few sentences briefly explain your child's experiences and attitude toward spiritual matters. You could mention church attendance, Sunday School, children's clubs, knowledge of Bible stories and generally how your child feels about spiritual matters. Add any other information you think would be helpful.

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Health Concerns: Please list any specific allergies or other health concerns:

Please list any specific learning/social difficulties:

Please list any talents, skills, interests, etc. your child has:

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## Parent & Contact Information

<b>Mother's Name:</b> _____		<b>Father's Name:</b> _____	
Attending Church: _____		Attending Church: _____	
Pastor's Name: _____		Pastor's Name: _____	
Home Ph #: _____	Home Ph #: _____	Marital Status: _____	
Cell Ph. #: _____	Cell Ph. #: _____	Special circumstances/arrangements _____	
Email: _____	Email: _____		
P.O. Box: _____	P.O. Box: _____	<b>1<sup>st</sup> Emergency/Alternate Contact:</b>	
Civic/Street #.: _____	Civic/Street No.: _____	Name: _____	
Town: _____	Town: _____	Ph. #: _____	
Postal Code: _____	Postal Code: _____	Relationship to Child: _____	
<b>Employment Information</b>		<b>2nd Emergency/Alternate Contact:</b>	
Employer: _____		Name: _____	
Ph. #: _____		Ph. #: _____	
		Relationship to Child: _____	

## Volunteer Opportunities

Sonrise depends on volunteers. Please list skills and interests you have and areas in which you could contribute:

Sonrise has several committees in which you are encouraged to become a part of. If you feel you could contribute in this way, please circle any of the following:

Fundraising      Maintenance      Public Relations/Promotions      Catering      Long-Term Planning

## Application Information

Briefly explain why you are choosing to enroll your child(ren) in Sonrise Christian Academy

I/We make application for my child(ren) to be enrolled at Sonrise Christian Academy for the school year commencing \_\_\_\_\_. I/We have read the Parent Handbook and understand what is expected, in terms of behaviour, procedures, finances, time commitments and other matters concerning our involvement at Sonrise.

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

Parent Signature

Parent Signature

If your child is accepted by the Admissions Board, this form will go into the school records. If we are unable to serve your educational needs, this form will be destroyed.

Note: Each student accepted has a 90-day probation period (to be explained by the principal)

**\*\*\*Please submit a copy of your child's last report card when you attend the Admissions Interview\*\*\***

Accepted ( Y / N)

Principal's Signature

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

Office Use

Transfer Date: \_\_\_\_\_ m/d/y