



2170 Itabashi Way, Burlington ON L7M 5B3
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REGISTRATION FORM AND INFORMATION SHEET 2007/2008

Please note: A Capital Contribution of \$500.00 (non-refundable) must accompany this registration form. For more information refer to the Admission Requirements for Student Enrolment.

Possible Entrance Date: _____

Family Name: _____

Home Address: _____ City & Postal Code: _____

Home Phone: _____ E-mail: _____

STUDENTS' INFORMATION (NOTE: Please register all children that will be attending)

Last Name _____ First Name _____ D.O.B. ___ / ___ / ___ (M/D/Y)

Grade: _____ Gender: M / F Special Education Support Health Card # _____

Medical Condition/ Allergy: _____

Last Name _____ First Name _____ D.O.B. ___ / ___ / ___ (M/D/Y)

Grade: _____ Gender: M / F Special Education Support Health Card # _____

Medical Condition/ Allergy: _____

Last Name _____ First Name _____ D.O.B. ___ / ___ / ___ (M/D/Y)

Grade: _____ Gender: M / F Special Education Support Health Card # _____

Medical Condition/ Allergy: _____

Last Name _____ First Name _____ D.O.B. ___ / ___ / ___ (M/D/Y)

Grade: _____ Gender: M / F Special Education Support Health Card # _____

Medical Condition/ Allergy: _____

Siblings NOT attending (names and birth dates) _____

PARENT/GUARDIAN INFORMATION

Mr. / Mrs. / Ms. / Mr. or Mrs.

Parent/Guardian 1: Surname: _____ First Name: _____

Employer: _____ Occupation: _____

Business Number: _____ Cell: _____

Address (if different from above): _____ City & Postal Code: _____

Home Phone: _____ E-mail: _____

Mother Father Step Parent Guardian Access to Student Custody Receives Mail

Mr. / Mrs. / Ms. / Mr or Mrs.

Parent/Guardian 2: Surname: _____ First Name: _____

Employer: _____ Occupation: _____

Business Number: _____ Cell: _____

Address (if different from above): _____ City & Postal Code: _____

Home Phone: _____ E-mail: _____

EMERGENCY CONTACT

If Trinity needs to cancel school during the day, or your child is injured, what telephone number would we most likely be able to notify you at?

Parent/Guardian 1 _____

Parent/Guardian 2 _____

If we are **unable to contact you in case of emergency**, early school closure, or illness, we need permission from you to contact someone else to make arrangements for your children. Please provide names and telephone numbers.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

MEDICAL INFORMATION

Family Doctor: _____ Phone #: _____

ACADEMIC

Name of last school attended (if not Trinity) _____ Fax #: _____

Reason for leaving: _____

Please attach a copy of the last Academic Report from present school.

Has the student(s) ever been identified for special educational support? Yes No

CHURCH

Name of Church: _____

Religious Denomination: _____

Pastor's Name & Phone #: _____

Pastor's Reference Form to be signed by applicant, completed by Pastor and mailed or faxed to Trinity Christian School.

I/We certify that the information given on this form is correct and I/we grant permission for the Pastor to complete the Pastor Reference Form and for Trinity Christian School to contact our pastor for a personal reference.

1 Parent/Guardian Signature

2 Parent/Guardian Signature

Date

Date

Personal information is collected under the authority of the Education Act and will be used for the establishment and maintenance of the Ontario Student Record in accordance with the (OSR) Guideline2000. Access to OSR Records may be obtained by contacting the principal.