



Adelfiha's Christian Academy

4340 Dufferin Street, Downsview, Ontario

M3H 5R9

Telephone: 416-633-5440 Facsimile: 416-633-2547

Student Application Form

Contact Information					
Surname		First Name		Middle	
Address					
City		Province		Postal Code	
Telephone					
Personal Information					
Date of Birth		Place of Birth		Citizenship	
Father's Name			Mother's Name		
Education Background:					
Contact person at last school attended				Telephone No.	
School	Address		Grade	Years	
School	Address		Grade	Years	
School	Address		Grade	Years	
Grade repeated: No <input type="checkbox"/> Yes <input type="checkbox"/>			Grades advanced: No <input type="checkbox"/> Yes <input type="checkbox"/>		
Health & Emergencies					
Health Insurance No. (Copy attached)				Birth Certificate (Copy attached)	
Immunization (Copy attached)			Special health conditions & allergies		
Fathers Home No.		Father's Bus. No.		Mother's Home No.	
Mother's Business #					
Guardian Home No.			Other Emergency Contact No.		
Office Information					
Date Received		Grade		Registration fee paid	
Entrance Test		O.S.R. Transferred		Interview Date	
Start Date					



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Request for Ontario Student Record (O.S.R.)

School Name:

Contact:

Address:

This is to inform you that (student's name)

was admitted to Adelfiha's Christian Academy on

Please forward the Ontario Student Record to Adelfiha's Christian Academy.

Principal

Date

Parent Authorization

I consent to the transfer of the OSR mentioned above.

Parent/Guardian Name

Signature

Date



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Adelfiha's Christian Academy Discipline Waiver Form

As I agree with the disciplinary standards at Adelfiha's Christian Academy. I do not feel secure in allowing the same discipline action for my child. I feel the method of discipline detailed below is more in line with making my child comfortable at A.C.A. I also agree and realize that if the discipline method is not effective in curbing my child's behaviour, another course of action will be necessary and thus allowing the teacher to effectively teach all students. I also realize and acknowledge my responsibility in training my child and helping them in adjusting to the standards at A.C.A.

Method of Discipline:

Parent Authorization

I agree that it is my responsibility to train my child in this method of discipline and thus leaving the teacher and staff at ACA the role of enforcing this method. I feel confident that this will allow my child the needed time and comfort of adjusting to ACA standards.

Student Name

Date

Principal

Administrator

Parent/Guardian Name

Signature



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Pupil Information Sheet

Name

Address

City

Postal Code

Telephone

Nickname

Grade

Birthday

Parents/Guardians

Siblings

Hobbies & Interests

Personal Information

Sunday school attendance

regular

occasional

seldom

Accepted Christ

yes

no

Father has accepted Christ

yes

no

Mother has accepted Christ

yes

no

Personal Problems & Needs

Additional Information

Date

All information is held private and confidential.



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Student Authorization Form

Please complete the information below to let the staff of Adelfiha's Christian Academy know who is authorized to pick up your child.

Should someone who is not on this list arrive to pick up your child, they must have a note signed and authorized by you. Otherwise, we will not let your child leave with that person. Please complete the information below to let the staff of Adelfiha's Christian Academy know who is authorized to pick up your child.

Parent Authorization

Student Name

The following people have my permission to pick up my child from ACA:

Name

Telephone

Name

Telephone

Name

Telephone

Name

Telephone

Name

Telephone

Parents/Guardians Signature

Date