



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	<input type="checkbox"/>	regular	<input type="checkbox"/>	occasional	<input type="checkbox"/>	seldom
Accepted Christ	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
Father has accepted Christ	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
Mother has accepted Christ	<input type="checkbox"/>	yes	<input type="checkbox"/>	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

Student Information Form 2023/2024

Name of Student _____

Date of Birth _____ Sex _____

Home Address _____

Home Telephone _____

Does the student have any special custody? Yes No

Please specify (e.g. mother only, father only)

Student's Legal Guardian (e.g. relative, friend) _____

PARENT /GUARDIAN INFORMATION

FATHER/GUARDIAN

Name of Father/Guardian: _____

Home Address (if different from above): _____

Home Telephone (if different from above): _____ Cell Phone: _____

Fax: _____ Email address: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Work Telephone: _____

MOTHER/GUARDIAN

Name of Mother/Guardian: _____

Home Address (if different from above): _____

Home Telephone (if different from above): _____ Cell Phone: _____

Fax: _____ Email address: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Work Telephone: _____

BABYSITTER Name: _____ Telephone: _____

ALLERGIES or DIETARY RESRICTIONS: _____

2023 - 2024 Tuition Tracker

Adelfiha's Christian Academy & Childcare Centre

Monthly Payment Plan Enrolment Form

The Tuition Tracker Plan offers you the opportunity to spread tuition payments interest-free, over ten (10) monthly instalments beginning August 1st.

Part 1: Student & Bill Payer Information

Student Name: _____
 Student Name: _____
 Student Name: _____

Bill Payer Name: Mr./Ms./Mrs. _____
 Street Address: _____ Apt.#: _____
 City: _____ Prov. _____ Postal Code _____
 Day Tel.#: _____ Evening Tel. #: _____
 Email Address: _____
 Signature: _____ Date: _____

Part 2: Determine Your Plan Amount
MUST BE COMPLETED TO ENROLL

Tuition Amount

1st Child \$ _____
 2nd Child \$ _____
 3rd Child \$ _____

Extended School Day Care

7:30am - 8:30am \$ _____

Total \$ _____

DIVIDE TOTAL BY 10

Monthly Payment \$ _____

Part 3: Payment Method
Online E-transfer

Starting with Aug. 1st 2022
 ending May 1st 2023
 email payments to
accountspayable@adelfiha.ca

All payments are due on the
 1st of the month. There is a
 \$25.00 late fee.

I have read the 2022-2023
 Registration Information
 Letter and I agree to adhere
 to the school policies
 fee on my Tuition Tracker.

 Parent Name/Signature