# APPLICATION FOR ENROLMENT

2026-27

**APPLICATION FOR ENROLMENT** Date of Application: _____

*(Please print)*

Name: _____ Male ○ Female ○
*Surname* *Given names, underline name used*

Date of Birth: _____ Grade: _____ Commencing: _____
*(e.g. Jan 20, 2010)* *Month / Year*

Permanent Address: _____
*Street* *Suite*

_____
*City* *Province* *Country* *Postal / Zip Code*

**Family Situation** *(underline all that apply)* Applicant lives with: mother and father, mother, father, stepmother, stepfather, parents divorced, parents separated, father deceased, mother deceased, guardian, other.

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**FATHER** **Dr.** **Mr.** *(please circle)*

Full Name: _____

Home Address *(if different from child):* _____

_____
*Street* *Suite*

_____
*Province* *Postal Code*

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation / Title: _____

Employer Name & Address: _____

_____

Church Attending (if applicable):_____

_____

Stepparent *(if applicable):* _____

**MOTHER** **Dr.** **Ms.** **Mrs.** **Miss** *(please circle)*

Full Name: _____

Home Address *(if different from child):* _____

_____
*Street* *Suite*

_____
*Province* *Postal Code*

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation / Title: _____

Employer Name & Address: _____

_____

Church Attending (if applicable):_____

_____

Stepparent *(if applicable):* _____

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*Please complete the back of this form*

Personal information on this form is being 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 Guideline 2000. Access to OSR Records may be obtained by contacting the Principal. Questions should be directed to the Principal of the school at 705-324-8363.

159 Colborne St. W
Lindsay, ON K9V 5Z8
office@hcslindsay.ca

HERITAGE CHRISTIAN SCHOOL EST. 1978

Tel: (705) 324-8363
Fax: (705) 324-8372
www.hcslindsay.ca

**Student's Current School** *(if applicable)*:_____
*(or last school attended)*

Address: _____
*Street*

_____
*City* *Province* *Country* *Postal Code*

Phone: _____ Fax Number: _____Grade Completed: _____

Does your student have an IEP: _____

Does your student have any Educational Concerns:_____

Please Explain: _____

_____

## Health of Student

Are there any physical, emotional, or other difficulties that we should be aware of?

Hearing ☐ Vision ☐ Heart ☐ Speech ☐ Asthma ☐ Diabetes ☐ Allergies ☐

Please Explain: _____

_____

## Process Information

- Date at which you wish to enroll student _____ / _____ / _____
  Year Month Date

Signature of Parent(s) or Legal Guardians (s): _____ Date: _____

Signature of Parent(s) or Legal Guardians (s): _____ Date: _____

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