

# APPLICATION FOR ADMISSION



**Comox Valley**  
CHRISTIAN SCHOOL

2085 Wallace Ave.  
Comox, B.C. V9M 1W4  
Email: office@cvchristian.com

Tel: (250) 339-1200  
Fax: (250) 339-1215  
www.cvchristian.com

<b>Father/Guardian Last Name:</b>		<b>Father/Guardian First Name:</b>	
Occupation/Employer:		Work Ph:	Cell Ph:
<b>Mother/Guardian Last Name:</b>		<b>Mother/Guardian First Name:</b>	
Occupation/Employer:		Work Ph:	Cell Ph:
Father is a: Canadian Citizen / Landed Immigrant / Other		Mother is a: Canadian Citizen / Landed Immigrant / Other	
Mailing Address:			City:
Street Address (if different):			Postal Code:
Email:	Home phone:		Unlisted number: Y N
Church Attending:			The student that will be taking notices home is:
<b>STUDENT INFORMATION</b> (Please attach a photocopy of birth certificate, and citizenship papers if applicable)			
Legal Family Name:	Legal First Name:	Legal Middle Name:	Date of Birth M/D/Y
Usual Family Name:	Usual First Name:	Usual Middle Name:	Country of Birth:
Primary language spoken at home: English ____ Other:			Grade apply for:
Has the student ever been: Suspended? Y/N Expelled? Y/N Denied admission to another school? Y/N If the answer is 'yes' to any of the 3 questions above, please explain briefly on the reverse of this form.			Male____ Female____
Would you describe the student's academic performance as: Good____ Satisfactory____ Poor____			
Entering from: Home ____ Independent school in BC____ Public school in BC____ School outside of BC____			
Last school registered with: (name/address)			
Students are living with: both parents____ mother only____ father only____ Other:			
Is there a court order in effect regarding custody/access to the children? No____ Yes*____ (*If yes, please attach a copy)			
<b>FINANCIAL COMMITMENT</b>			
I/We pledge to pay the applicable tuition/bus fees in a timely fashion and in the following manner.			
in full by August 1____	10 monthly payments____ (August 1 to May 1)	12 monthly payments____ (July 1 to June 1)	Other:
If someone other than you will be paying all or part of the tuition, please complete the following details.			
Name: _____		Phone: _____	
Address: _____		Postal Code: _____	
Relationship to student: _____		Amount: _____	
<b>Charitable Tax Receipt is to be sent to:</b> _____			
<b>PARENTAL COMMITMENT</b>			
In making this application, I/we understand and agree with the purpose of the school and indicate that I/we enroll our child because of our earnest desire that he/she receive a Christ-centered education. If your child is accepted by the school, I/we agree that his/her education will be in harmony with the constitution and by-laws of the Society, the policies of the Board, and that he/she is also subject to the authority invested by the Board in the Principal and Classroom Teacher. I/we have read and understand the school's Discipline Policy, Parent-Student Handbook, and understand our financial and volunteer commitment. I/we hereby apply for this child to be enrolled as a student of the Comox Valley Christian School. I/we also agree to attend orientation meeting(s) to acquaint me/us with the school and the Society operating the school.			
Signed: _____		Date: _____	
Father or Guardian			
Signed: _____		Date: _____	
Mother or Guardian			

