



THUNDER BAY CHRISTIAN SCHOOL

37 Cooper Road, Rosslyn, ON P7K 0E2
 Tel: 807-939-1209 Fax: 807-939-2843 Email: office@tbcs.school

STUDENT ADMISSION APPLICATION & REGISTRATION FORM

SECTION A - FAMILY INFORMATION			
1. NAME OF PARENT/LEGAL GUARDIAN		RELATIONSHIP TO STUDENTS	LIVES WITH STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS		EMAIL ADDRESS	
ALL RELEVANT PHONE NUMBERS:			
HOME	CELL	WORK	
Is this the primary contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OCCUPATION		PLACE OF EMPLOYMENT	
2. NAME OF PARENT LEGAL GUARDIAN		RELATIONSHIP TO STUDENTS	LIVES WITH STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (if different)		EMAIL ADDRESS	
ALL RELEVANT PHONE NUMBERS:			
HOME	CELL	WORK	
Is this the primary contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OCCUPATION		PLACE OF EMPLOYMENT	
CUSTODY INFORMATION: Is there a custody situation that Thunder Bay Christian School should be aware of (permission to visit, pick up, or see your child)? <i>If yes, a form will be provided for you to complete.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
CORRESPONDENCE: Paper correspondence gets sent home with students or to the home address of the student. If parents live in two different households, do you want the school to also send paper correspondence to the second household?			<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMUNICATIONS CONSENT: Please initial here _____ to express your consent to receiving information that will keep you up to date with programs, events, services, and fundraising initiatives of Thunder Bay Christian School. You may withdraw your consent at any time after you have concluded your relationship with Thunder Bay Christian School by contacting the school office.			
PLEASE LIST ALL THE SIBLINGS (INCLUDING THEIR DATES OF BIRTH) WHO LIVE IN THE HOME			
Name(s)		Date of Birth	
		MM	DD YYYY
		MM	DD YYYY
		MM	DD YYYY



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SECTION B - STUDENT INFORMATION					
1. FULL LEGAL NAME OF STUDENT TO BE REGISTERED					
FIRST	MIDDLE	LAST			
PREFERRED NAME (if different from above)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH MM DD YYYY		GRADE REGISTERING FOR	
STUDENT VERIFICATION <i>(please provide photocopy of birth certificate or similar to confirm age)</i> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Statement of Live Birth <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____				IF BORN OUTSIDE OF CANADA, DATE OF ENTRY INTO CANADA	
PREVIOUS SCHOOL DETAILS <i>(Name, Full Address, Telephone Number)</i>					
ELECTRONIC IMAGES: I/we agree that electronic images such as (but not limited to) photographs and videos of the student and/or me/us may be used for promotional and other purposes as needed unless School administrative (not teaching) staff receives written notice from me/us to the contrary.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student passed the Ontario Literacy Test (Grade 10)?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
How many hours of Community Service has student completed (High School only)?					
MEDICAL INFORMATION					
Does the student have:		Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student have a condition that can lead to anaphylactic shock? If yes, please provide the type of condition and medical documentation.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student carry an Epi-pen? <i>If the student has an anaphylactic allergy, you must complete the School's Administration of Medication Form and provide any medication, specifically an EpiPen, for the first day the student attends our school.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have any other life-threatening medical conditions?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to any of these, please provide details and documentation if applicable:					
Does the student have non-life-threatening health conditions or allergies that the school should be aware of? (If yes, please provide details.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student on medication that they will be bringing to school?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student take medication that the school needs to administer?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If the student is bringing any medication into the school (whether self-administered or school administered), please complete the school's Administration of Medication Form</i>					
If you deem it necessary for the school to have more information on file in the event of an emergency, please provide the following (this information is optional):					
DOCTOR'S NAME AND CONTACT INFORMATION			STUDENT HEALTH CARD NUMBER		



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AT THUNDER BAY CHRISTIAN SCHOOL OUR GOAL IS TO MEET THE LEARNING NEEDS OF ALL OUR STUDENTS. TO HELP ENSURE THAT WE CAN MEET THE LEARNING NEEDS OF YOUR CHILD, PLEASE SHARE THE FOLLOWING INFORMATION:

Have you attached the latest report card for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have an Individual Education Plan, Safety Plan, Behaviour Plan, or similar document(s)? (if so, please attach)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have any identified disabilities that Thunder Bay Christian School should be made aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have academic, behavioural, physical, medical, psychological, social, or emotional concerns the school needs to be made aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student received any extra help from a private tutor or education company (e.g., Kumon, Sylvan, Oxford)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C - ALTERNATE AND EMERGENCY CONTACTS

Please provide, in order of priority, who should be called in the event of an emergency along with a phone number where they can best be reached

NAME	RELATIONSHIP	PHONES (specify cell/home/work)	CAN PICK UP STUDENT
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D - FINANCIAL INFORMATION

I/We hereby make application for admission of my/our child(ren) to Thunder Bay Christian School.

Tuition payments begin July 1 of the school year, and the amount is determined at the Spring Membership Meeting when the Budget is approved. You may choose between a 12 or 10 monthly payment schedule. Cash, cheques made out to Thunder Bay Christian School or e-transfers to tuition@tbcs.school are acceptable. You can arrange for an alternative payment plan or tuition assistance by contacting the school office or bookkeeper.

If this application is accepted, I/we acknowledge that I am/we are committing to the financial support of Thunder Bay Christian School as per the tuition schedule.

Note: If the school should move to on-line learning due to pandemic or other reason as required by government agency or Board policy, tuition payments will continue to be required.



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SECTION E - ENROLLMENT CHECKLIST

Do you agree to the transfer of the Ontario Student Record file(s) from their current school to this school upon enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you signed the Thunder Bay Christian School Application for Admission of Students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Thunder Bay District Health Unit have all updated immunization records for the student(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached proof of birthdate for the student(s)? (birth certificate, passport, or baptismal certificate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require bus transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed the Pastoral Reference form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached the latest report card for the student(s) applying for enrolment at Thunder Bay Christian School	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached a copy of existing IEP's, Safety Plans, Behaviour Plans, or similar documents for from their previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed Section B for each student you wish to enrol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F - PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION

I/We verify that the information provided on this form is true and correct. I/We understand that it is my/our responsibility to inform the school immediately of any changes to the information contained on this form.

1. NAME OF PARENT/LEGAL GUARDIAN (please print)

2. NAME OF PARENT/LEGAL GUARDIAN (please print)

SIGNATURE

SIGNATURE

DATE: MM DD YYYY

DATE: MM DD YYYY

Notice of Collection and Use of Personal Information

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used to establish the Ontario Student Record [OSR], and for student and education related purposes such as registration, administration, communication, data reporting, and contacting student's previous school. Student information such as name, date of birth, and contact information is released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the Immunization of School Pupils Act. Thunder Bay Christian School does not discriminate on the basis of race, ancestry, colour, national or ethnic origin, citizenship. Questions or concerns should be directed to the principal.