



# Enrollment Application

## Student Applying:

Student's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Grade Entering: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Student Email (if applicable): \_\_\_\_\_

## Contact Information:

Father's Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Family's Home Address (if different than above): \_\_\_\_\_  
City/Province/Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Family's Primary Email Address: \_\_\_\_\_  
Do you have other children in a local Christian high school? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency contact (other than parents): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Health Card Number: \_\_\_\_\_

Any medical conditions or allergies? \_\_\_\_\_

Is your child on medication? Yes No

If, "Yes," for what purpose? \_\_\_\_\_



**Educational History:**

Please list the school your child last attended or is currently attending.

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for changing schools: \_\_\_\_\_

List any special honours or awards your child has received: \_\_\_\_\_

Has your child ever repeated or skipped a grade for any reason?      Yes      No

Does your child have any history of a physical or emotional condition or learning condition which may require special attention?      Yes      No

Has your child ever been involved with legal problems?      Yes      No

If you answered yes to any of the questions above, please attach a description of the situation and its current status.

**Educational Philosophy:**

What are your top two reasons for wanting your child to attend King Alfred Academy?

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you read the school's Doctrinal Statement and Core Family Values?      Yes      No

Do you agree to have your child(ren) taught in accordance with the school's Doctrinal Statement and Core Family Values?      Yes      No

If there are any points of philosophy or school policy which are inconsistent with your goals for your family, please explain briefly here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



How did you hear about King Alfred Academy? (Please check all that apply)

- Print ad (please specify which publication(s)) \_\_\_\_\_
- Online Ad (please circle all that apply): Google    Facebook
- FaceBook
- Website (please circle all that apply):            kingalfred.ca            trinitybiblechapel.ca
- Church announcement (please specify which church) \_\_\_\_\_
- At a conference
- Word of mouth
- Referred by (please provide their name and phone number/email address so that we may thank them)

**Church Information:**

Family Church: \_\_\_\_\_

Pastor (to be contacted for a reference) \_\_\_\_\_ Phone: \_\_\_\_\_

Are you members? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

Are you actively involved and do you have any specific roles or responsibilities within the church?

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**Contracting Signature:**

In signing this application, I (we) agree that:

- I (We) have read the Doctrinal Statement and Statement of Family Core Values and agree to support these statements in our home and have my (our) child educated in accordance with them;
- The school has full discretion in the discipline of my (our) child in accordance with its discipline policy;
- The school has full discretion for the grade and class placement of my (our) child;
- The school reserves the right to dismiss my (our) child if he/she does not cooperate with the educational process or if the student or his/her parents are perceived by the school as a threat to the physical, psychological, or emotional well-being of other students or school staff members.
- I (We) have read the policies relating to the tuition payments and agree to pay all tuition fees, and other financial obligations on or before the due date without a reminder and in accordance with these policies.
- I (We) hereby confirm that we have no unpaid debts at any other independent/private school.

I certify that the information provided on this application is true and accurate.

Date \_\_\_\_\_ Parent(s) or Guardian(s) \_\_\_\_\_



### Student Questionnaire—for Grades 4–8

*(Parents may help elementary students complete questions as necessary)*

Please answer fully and in your best penmanship.

List the academic subject(s) which you enjoy the most.

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List the academic subject(s) of least interest to you.

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Name two books you have especially enjoyed reading in the last year. Why do you like them?

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List your three favourite movies. Why are they your favourites?

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How many hours per week do you normally spend doing the following?

Watching TV \_\_\_\_\_

Reading \_\_\_\_\_

Watching Movies \_\_\_\_\_

Surfing the Internet \_\_\_\_\_

Homework \_\_\_\_\_

Social Media \_\_\_\_\_

YouTube/Online Videos \_\_\_\_\_

Video Games \_\_\_\_\_



What are your greatest strengths?

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What are your greatest weaknesses?

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What types of activities interest you? Be sure to include sports, clubs, hobbies, religious and social activities.

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List the jobs that you take responsibility for inside and outside the family (include paid positions, chores, volunteer service both past and present.

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Describe your favorite teacher. Why has this person made such a strong impression on you?

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What do you like most about your current school? If there were one thing you could change, what could it be?

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Are you a Christian? What does that mean?

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*Thank you for responding to these questions and providing us with the opportunity to get to know you better.*