

Great Lakes Christian High School

INTERNATIONAL Application for Admission to the Residential program



Student Information:

_____ Male Female
Surname First Middle

_____ Street Address

_____ City Province/State Postal/Zip Code Country

_____ Daytime phone number with country / city code Emergency Number Student's Email

_____ Birthdate (mm/dd/yy) Ontario Health Card Number (if you have one) Citizenship

If different from above please write your name and address in your own language (for example Chinese or Korean characters)

_____ Surname First-given name Middle

_____ Address

All international students MUST have a relative, guardian or custodian in Ontario who will sign to and accept the responsibilities outlined in the form attached to Academic application. Please put their information below. If the school is providing a custodian for a fee – DO NOT WRITE IN THE BOX BELOW.

<small>Surname</small>	<small>First</small>	<small>Middle</small>

<small>Street Address</small>		

<small>City</small>	<small>Province</small>	<small>Postal ode</small>

<small>Daytime phone number</small>	<small>Emergency Number</small>	<small>Guardian's Email</small>

Applying for:

- Fall Semester 20 ____
 Spring Semester 20 ____
 Full Year 20 ____ - 20 ____
 5-Day Resident
 7-Day Resident (no long weekends)
 7-Day Deluxe (long weekends)

Grade in which you are applying for _____ Planned date of arrival in Canada _____

Please provide any further information that the residential supervisor may require: _____

7. a. Have you ever been suspended, asked to withdraw or been expelled from any school? Yes No
b. Have you ever been suspended from the residential program of any school? Yes No

Please provide a detailed response for a "Yes" response.

Parent/Guardian Information:

Father's Name

Email

Please clearly write parent's name and address in your own language (for example Chinese, Japanese or Korean characters)

Surname

First

Middle

Address

Home Phone

Work Phone

Cell Phone

Father's Address (If different from student's)

Country

Mother's Name

Email

Home Phone

Work Phone

Cell Phone

Mother's Address (If different from student's)

Please Indicate who our main corresponding parent will be: _____

1. For supervised & school approved activities, my son/daughter has permission to ride in a vehicle driven by:

Check all that apply: staff member an adult Great Lakes student

2. I agree to allow Great Lakes Christian High School to use photographs of my son/daughter in the promotion of the school, which may appear periodically in print or in electronic form without any compensation or future permission from our family.

Yes No

If 'No' please explain _____

3. For informal activities, outside the school day, my son/daughter has permission to ride in a vehicle driven by:

Check all that apply: staff member any responsible adult Great Lakes student

4. All residential students are expected to attend Sunday morning services of a local church. In that regard, my son/daughter:

- May attend with any area congregation of churches of Christ
- May attend with the _____ church of Christ
- May attend another local church _____ (transportation arranged by parent)

5. Weekend or other overnight stays away from the school may be made but permission must be confirmed by a parent.

6. Has your son or daughter experienced any of the following:

- a. Behavioural challenges Yes No
- b. Excessive absences due to illness Yes No
- c. Excessive absences for other reasons Yes No
- d. Difficulty with authorities (school, legal) Yes No
- e. Emotional or mental outbreaks Yes No

Please provide a detailed response for any "Yes" response to Question 1.

Please list any medications your child is taking: _____

_____ Date

_____ Parent/Guardian Signature

Please do NOT write below this line – Office use only.

