

Great Lakes Christian High School

North American Student Application for Admission to the Residential program



Student Information:

_____ Male Female
Surname First Middle

Street Address

City Province/State Postal/Zip Code Country

Daytime Emergency Number Student's Email

Birthdate (mm/dd/yy) Ontario Health Card Number Citizenship

Applying for:

- Fall Semester 20 ____ Spring Semester 20 ____ Full Year 20 ____ - 20 ____
 5-Day Resident 7-Day Resident 7-Day Deluxe

Grade in which you are applying for ____

Student Background Information:

1. Faith Preference:

- Christian: _____
Church/Denomination Congregation/Name/Location
- Other religion (please specify): _____
- No religious preference

2. How often do you attend church services?

- Weekly Monthly Occasionally Rarely Never

3. If you are a Christian in regular attendance, how are you involved in your congregation?

Check all that apply:

- I participate in church services I am active in my youth group
 I lead in public worship Other: _____

4. Do you have a personal spiritual faith? What are your personal spiritual values/beliefs?

5. Have you ever used any of the following? If "Yes", when?

Tobacco No Currently Using 3-12 months ago 1-2 years ago

Alcohol No Currently Using 3-12 months ago 1-2 years ago

Non-Prescribed Drugs No Currently Using 3-12 months ago 1-2 years ago

6.. Have you ever been suspended, asked to withdraw or been expelled from any school? Yes No

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

10. Please indicate the following:

- a. I have received the Great Lakes Christian High School Statement of Community Standards and Expectations. Yes No
- b. I have read and understand the guidelines outlined in the Statement. Yes No
- c. I understand that Great Lakes is a Christian school. Yes No
- d. I understand that as a residential student I will attend church services on Sunday mornings as well as weekly Residential evening devotionals. Yes No
- e. Do you have a preference about your roommate? Yes No

Please provide a name or description for a "Yes" response. _____

(There are no promises or guaranties that you will get the roommate you want – placement of students is at the sole discretion of the Residential supervisor)

Parent/Guardian Information:

Father's Name

Email

Home Phone

Work Phone

Cell Phone

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

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 : _____

Residential Information:

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

- | | | |
|--|------------------------------|-----------------------------|
| a. Behavioural challenges | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Excessive absences due to illness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Excessive absences for other reasons | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Difficulty with authorities (school, legal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

3. 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

4. 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

5. All residential students are expected to attend Sunday morning and Wednesday evening 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 _____

6. (For seven day students) Weekend or other overnight stays away from the school may:

- be made only with specific approval from the parent/guardian
- not be taken. My child must stay at the school on weekends.

Date

Parent/Guardian Signature