

CHRISTIAN LIFE SCHOOL
Application Form
FOR NEW APPLICANTS

School Year Applied For _____

Parent(s) or Guardian(s) name: _____

Home Ph. #: _____ Work Ph. #: _____ Cell #: _____
circle one: Mom's# or Dad's#

Mailing Address _____

_____ City _____ Province _____ Postal Code _____

Church Affiliation: _____

Pastor's name: _____ Phone _____

Former School: _____ Teacher Name _____

Child's Name _____ Grade entering _____

Child's Name _____ Grade entering _____

Child's Name _____ Grade entering _____

Child's Name _____ Grade entering _____

Please list any other children not yet of school age

Child's Name _____ Age _____

Child's Name _____ Age _____

- ▶ **This form will be presented to an Interview Committee and you will be called to arrange an interview. Admission will be subject to approval.**

Signature of parent(s) or guardian(s)

Registration forms, \$300 deposit, post-dated cheque(s) for balance of tuition, and student data must be presented to the office after a successful interview. If financial assistance or special arrangements for payment of tuition is required please contact the school principal or school board treasurer prior to registration.

For Office Use Only

Received by _____ Date _____

Interviewed by _____

Date of Interview _____ Approval Status: Yes Pending No Notified: