



The Edmonton Society for Christian Education

14304 – 109 Avenue Phone: 780-476-6281 Fax: 780-454-0261
 Edmonton, AB T5N 1H6 Website: www.edmchristian.net

Edmonton Christian School: 2009-2010 Application for New Student (K-12) - **Current Family** Application to Transfer between ECS Schools

PLEASE READ THIS INFORMATION BEFORE COMPLETING THIS FORM

This form is to be completed by **current families who wish to register a new child** in Edmonton Christian School (Kindergarten, for example) or who wish to **transfer a child from West School to Northeast School or vice versa**. Ensure the completed form gets to your School or the Society office **before April 15, 2009**. No application fee is required.

- **If registering a new student, please attach a completed Edmonton Public Registration form (available at your school) and a copy of your child's birth certificate.**

Parent (or Legal Guardian) Information: Please complete all fields

First Parent/Guardian		Second Parent/Guardian	
Name:		Name:	
Address:		Address (if different):	
City, Province, Postal Code:		City, Province, Postal Code:	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

Student Information: Please complete all fields

Student 1:	First Name:	Last Name:
Birth Date and Year: <i>(Please write full name of month)</i>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Grade applied for:
School year applied for: 2009-10	School Preference: <input type="checkbox"/> Northeast School (Kindergarten - Grade 9) 5940 159 avenue	<input type="checkbox"/> West/McQueen School (Kindergarten - Grade 9) 14345 McQueen Road
	<input type="checkbox"/> High School (Grades 10 – 12) 14304 109 avenue	
Busing Requested:	<input type="checkbox"/> Check box if busing requested. If not, leave blank. If Yes, a transportation application must be completed.	

Parent Commitment:

We certify that the information on this form is true and complete: _____
 Signature Date

Student 2 (if necessary):	First Name:	Last Name:
Birth Date and Year: <i>(Please write full name of month)</i>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Grade applied for:
School year applied for: 2009-10	School Preference: <input type="checkbox"/> Northeast School (Kindergarten - Grade 9) 5940 159 avenue	<input type="checkbox"/> West/McQueen School (Kindergarten - Grade 9) 14345 McQueen Road
	<input type="checkbox"/> High School (Grades 10 – 12) 14304 109 avenue	

Continued on reverse



Student Information Sheet *(new students only)*

To help us provide the best possible educational experience for you and your child(ren), please provide any information that you think would be important for us to know about his/her strengths and/or challenges in the following areas. *(Please note any extra assistance your child(ren) received during the past two years and whether that assistance was provided by their school or privately.)*

Student 1: Name: _____

a. Academic: _____

b. Social/Behavioral: _____

c. Interests & Hobbies: _____

d. Medical (allergies, medications, etc.): _____

e. Additional personal or family information: _____

Student 2: Name: _____

a. Academic: _____

b. Social/Behavioral: _____

c. Interests & Hobbies: _____

d. Medical (allergies, medications, etc.): _____

e. Additional personal or family information: _____
