

# Maranatha Christian Academy

939 Northwood Street, Windsor, Ontario N9E 1A2

Tel: (519) 966-7424 Fax: (519) 966-9519

## Local Student Application Form

### I. Information concerning the family:

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_  
Last First Middle Last First Middle

Address \_\_\_\_\_  
# , Street, or R. R. # City Postal Code

Home Tel. # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Bus. Tel. # \_\_\_\_\_ Ext \_\_\_\_\_ Bus. Tel. # \_\_\_\_\_ Ext \_\_\_\_\_

Email: \_\_\_\_\_

#### Applicants Marital Status: (Please check)

Father & Mother listed above are: Legally Married \_\_\_\_\_ Common Law Relationship \_\_\_\_\_

Father – Sole Guardian: Single Parent \_\_\_\_\_ Widower \_\_\_\_\_ Divorced \_\_\_\_\_

Mother – Sole Guardian: Single Parent \_\_\_\_\_ Widow \_\_\_\_\_ Divorced \_\_\_\_\_

Other Situation: \_\_\_\_\_ (Please specify \_\_\_\_\_)

#### Student lives with (Please check)

Both parents: \_\_\_ Father: \_\_\_ Mother: \_\_\_ Other: \_\_\_ (Please specify \_\_\_\_\_)

Contact Person in case of emergency \_\_\_\_\_ Tel. # \_\_\_\_\_  
(Other than parents)

Contact Person in case of emergency \_\_\_\_\_ Tel. # \_\_\_\_\_  
(Other than parents)

### II. Information concerning church:

Which church do you attend? \_\_\_\_\_  
Name Address

Pastor's Name \_\_\_\_\_ E-mail address of church: \_\_\_\_\_

	Every Sunday	Occasionally	Seldom	Never
Father's attendance	_____	_____	_____	_____
Mother's attendance	_____	_____	_____	_____
Children's attendance	_____	_____	_____	_____

Are you a born again Christian and maintaining a personal relationship with Jesus Christ? \_\_\_\_\_

On what do you base your answer? \_\_\_\_\_

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

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**III. Information concerning students listed below:**

**Student's Name:** \_\_\_\_\_ Health card # \_\_\_\_\_

Admission date desired Last \_\_\_/\_\_\_/\_\_\_ First Sex \_\_\_\_\_ Middle Grade applying for \_\_\_\_\_ Student's date of birth \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Place of birth \_\_\_\_\_

Last school attended \_\_\_\_\_  
City Province

Address \_\_\_\_\_

Street City Postal Code

If student has repeated a grade, state grade and reason \_\_\_\_\_

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

Has student had any disciplinary difficulty in school? \_\_\_\_\_ If so, state briefly \_\_\_\_\_

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

Any health problems? \_\_\_\_\_ Please specify \_\_\_\_\_

Any allergies? \_\_\_\_\_ Please specify \_\_\_\_\_

Is Student on an IEP? \_\_\_\_\_ Please specify \_\_\_\_\_

Is student on a Student Profile? \_\_\_\_\_ Please specify \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ Health Card # \_\_\_\_\_

Admission date desired Last \_\_\_/\_\_\_/\_\_\_ First Sex \_\_\_\_\_ Middle Grade applying for \_\_\_\_\_ Student's date of birth \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Place of birth \_\_\_\_\_

Last school attended \_\_\_\_\_  
City Province

Address \_\_\_\_\_

Street City Postal Code

If student has repeated a grade, state grade and reason \_\_\_\_\_

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

Has student had any disciplinary difficulty in school? \_\_\_\_\_ If so, state briefly \_\_\_\_\_

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

Any health problems? \_\_\_\_\_ Please specify \_\_\_\_\_

Any allergies? \_\_\_\_\_ Please specify \_\_\_\_\_

Is Student on an IEP? \_\_\_\_\_ Please specify \_\_\_\_\_

Is student on a Student Profile? \_\_\_\_\_ Please specify \_\_\_\_\_

**Please include a copy of a Birth Certificate OR Passport, AND the OHIP card with the application.**

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**Student's Name** \_\_\_\_\_ Health card # \_\_\_\_\_

Admission date desired Last \_\_\_/\_\_\_/\_\_\_ First Sex \_\_\_\_\_ Middle Grade applying for \_\_\_\_\_ Student's date of birth \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Place of birth \_\_\_\_\_  
City Province

Last school attended \_\_\_\_\_

Address \_\_\_\_\_  
Street City Postal Code

If student has repeated a grade, state grade and reason \_\_\_\_\_

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

Has student had any disciplinary difficulty in school? \_\_\_\_\_ If so, state briefly \_\_\_\_\_

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

Any health problems? \_\_\_\_\_ Please specify \_\_\_\_\_

Any allergies? \_\_\_\_\_ Please specify \_\_\_\_\_

Is Student on an IEP? \_\_\_\_\_ Please specify \_\_\_\_\_

Is student on a Student Profile? \_\_\_\_\_ Please specify \_\_\_\_\_

**Student's Name** \_\_\_\_\_ Health card # \_\_\_\_\_

Admission date desired Last \_\_\_/\_\_\_/\_\_\_ First Sex \_\_\_\_\_ Middle Grade applying for \_\_\_\_\_ Student's date of birth \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Place of birth \_\_\_\_\_  
City Province

Last school attended \_\_\_\_\_

Address \_\_\_\_\_  
Street City Postal Code

If student has repeated a grade, state grade and reason \_\_\_\_\_

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

Has student had any disciplinary difficulty in school? \_\_\_\_\_ If so, state briefly \_\_\_\_\_

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

Any health problems? \_\_\_\_\_ Please specify \_\_\_\_\_

Any allergies? \_\_\_\_\_ Please specify \_\_\_\_\_

Is Student on an IEP? \_\_\_\_\_ Please specify \_\_\_\_\_

Is student on a Student Profile? \_\_\_\_\_ Please specify \_\_\_\_\_

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**IV. General information:**

How did you become acquainted with Maranatha Christian Academy? \_\_\_\_\_

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

Why do you wish to enrol your child(ren) in a Christian school? \_\_\_\_\_

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

Every new family to Maranatha Christian Academy will be visited by two parent members of the Visitation Committee to discuss the nature of our school and answer any questions you may have.

During the visit the following information will be discussed:

1. The spiritual background of the family.
2. Maranatha's statement of beliefs.
3. Overview of the Parent Handbook including structure of the Board and Committees, fundraising events, and discipline policies
4. Parental involvement.

Please indicate below the times you are available. A member of the Visitation Committee will call you to confirm the date and time of your visit.

\_\_\_\_\_

Days of the week	Time
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I/we agree to pay all tuition fees for the full school year to Maranatha Christian Academy of Windsor on or before the due date, without a reminder. Once our application has been approved, I/we agree to provide a non-refundable deposit Elementary Only (JK – 8) = \$1000; Secondary or Elem. & Sec. = \$1500), AND will provide post-dated cheques for the balance of the year's tuition before the school year begins. These arrangements will be made before our child(ren) begin(s) attending school.

Date: \_\_\_\_\_ Father's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Mother's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Guardian's Signature \_\_\_\_\_

**For Office Use Only**

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Verification of Birth: Birth Certificate \_\_\_\_\_ Passport \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Other \_\_\_\_\_

Immunization Completed? \_\_\_\_\_ Date OSR Requested \_\_\_\_\_ Date OSR Received \_\_\_\_\_

Form of payment \_\_\_\_\_