



GREAT LAKES CHRISTIAN HIGH SCHOOL APPLICATION

NAME: _____

APPLICATION FOR: Year: _____

Grade applying for _____ Full year Fall Semester Spring Semester

Day student 5-Day Residential 7-Day Residential 7-Day Residential with Long Weekend program

Please follow the checklist below as you complete your application.

- A. Student Information**
- B. Parent/Guardian Information**
- C. Previous School Information**
- D. Student Background Information–STUDENT**
- E. Student Background Information–PARENT/GUARDIAN**
- F. Permission Information**
- G. Financial Information**



A. STUDENT INFORMATION:

M F

Last Name: _____ First Name: _____ Middle Name: _____

Preferred name: _____

Date of Birth: ____/____/____ OHIP/Health Insurance: _____ First Language: _____
mm /dd / yyyy

Email: _____ Phone: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____ Citizenship: _____

Canadian Immigration Status: Canadian Citizen Permanent Resident Student Visa

International Applicants only:

Country of Birth: _____

Passport Number: _____ Expiry Date: _____

B. PARENT/GUARDIAN INFORMATION: (Please check primary correspondent with school)

FATHER:

Name: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Address: (if different than student)

City: _____ Province: ____ Postal Code: _____

Country: _____ Citizenship: _____

MOTHER:

Name: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Address: (if different than student)

City: _____ Province: ____ Postal Code: _____

Country: _____ Citizenship: _____

Please star the email you prefer to receive report cards and newsletters set to.

SIBLING INFORMATION:

Name: _____

Date of Birth: ____/____/____
mm /dd / yyyy

M F

Name: _____

Date of Birth: ____/____/____
mm /dd / yyyy

M F

Name: _____

Date of Birth: ____/____/____
mm /dd / yyyy

M F

C. PREVIOUS SCHOOL INFORMATION

Name: _____

Last School Attended: _____ Street Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Country: _____ Telephone #: _____ Fax #: _____

Ontario Education Number (OEN), if applicable: _____

1. Has the student been identified as:

a. Having exceptional learning needs:

Yes No

b. Needing an Individual Education Plan:

Yes No

c. Needing support from a Learning Resource Teacher:

Yes No

Please provide a detailed response to any "Yes" response to Question 1:

2. Has the student ever been suspended, asked to withdraw or been expelled from any school? Yes No

If "Yes", please provide a detailed response.

3. In terms of English Language proficiency, the student's use of English can best be described as:

a. Written Communication Strong Adequate Weak

b. Reading Communication Strong Adequate Weak

c. Oral Communication Strong Adequate Weak

4. What was the primary language of instruction in the student's last school? _____

International Applicants Only

1. In what form or grade did you last study English? _____

a. What was your final mark/grade? _____

b. How many hours per week did you study English as a subject? _____

c. How many weeks was the English course? _____

d. How many hours per week did you receive instruction in English? _____

e. Have you taken SLEP or TOEFL tests? Score: _____ Date: _____

2. Do you require English as a Second Language courses? Yes No

3. Have you ever studied in a school in the Ontario Education system? Yes No

If yes, please give details: _____

D. STUDENT BACKGROUND INFORMATION- STUDENT

Name: _____

The applying student is asked to complete the following, in their own words.

1. Faith Preference:

Christian: _____ Congregation/Name/Location: _____

Other religion (please specify): _____

No religious preference

2. How often do you attend church services?

Weekly Monthly Occasionally Rarely None

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 personal spiritual faith? What are your personal spiritual values/beliefs?

5. What activities have you been involved in at your previous school, in your community or at your church?

6. Why do you want to be a student at Great Lakes Christian High School?

Name: _____

7. What do you hope to gain from your experience at Great Lakes Christian High School?

8. What do you hope to give to the school community at GLCHS? How will you be involved in our wide-range of programs including academics, residential program, school activities, sports and spiritual life at GLCHS?

9. 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

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, understand and agree to 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 student I will attend both Chapel and Bible classes. Yes No

e. I understand that if I am a 7-Day residential student I will attend and participate in Christian church services on Sunday mornings and all residential devotionals. Yes No

f. I understand that I must have health insurance coverage for Ontario. Yes No

**All students MUST AGREE to
"Statement of Community Expectations and Standards"
Please be sure to read and sign the statement
and include it with your application.**

E. STUDENT BACKGROUND INFORMATION- PARENT/GUARDIAN Name: _____

The parent/guardian of the applying student is asked to complete following.

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

- a. Academic challenges Yes No
- b. Behavioural challenges Yes No
- c. Suspension or expulsion from any school Yes No
- d. Excessive absences due to illness or any other reason Yes No
- e. Difficulty with authorities (school, legal) Yes No
- f. Sleep disorders Yes No
- g. Heart condition Yes No
- h. Blackouts Yes No
- i. ADHD or ADD Yes No
- j. Food Allergies Yes No

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

2. Why do you desire to have your son or daughter enrolled at Great Lakes Christian High School?

3. How did you or your family first hear about Great Lakes Christian High School?

- Friend Church Advertisement Website: _____
- Family Agent Other: _____

F. PERMISSION INFORMATION

Name: _____

1. Travel:

My son/daughter has permission to ride in a vehicle driven by:

Check all that apply: Staff member Other Adult Great Lakes Student

2. Photo use:

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 electronic form without any compensation or future permission from our family. I recognize that GLCHS and its staff have no control how students themselves use photographs they have taken.

Yes No

Residential only:

3. Alternate Church Attendance:

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 another local church

(transportation arranged by parent)

4. Alternate Accommodations:

Weekend or other overnight stays away from the school may:

- Be made if approved by Residential supervisor.
- Be made only with specific approval from the parent/guardian.
- Not be made. My child must stay at the school!

Date: _____ Parent Signature: _____

G. FINANCIAL INFORMATION

Name: _____

I/We, _____, (mother / father / guardian – please circle) accept complete financial responsibility for _____, the student named on this application.

I understand that if my child withdraws from GLCHS any refund or balance owing will be determined by the GLCHS Refund Policy at the time of this application.

International Applicants only:

I/We understand that payment is to be made to the school for each year, a full year in advance. Application for a student visa cannot be made without the official letter of acceptance. The school will issue the acceptance letter after the full fee is received.

If accepted (by Citizenship and Immigration Canada and Great Lakes Christian High School) your son/daughter is expected to come to and remain at Great Lakes Christian High School for at least one school year. If for any reason a student withdraws, or is asked to withdraw during his/her first year at Great Lakes Christian High School, the entire first year payment will be forfeited. Students who are not accepted by Citizenship and Immigration Canada may apply for a refund by sending a request (in writing) to the Great Lakes Christian High School business office. The request must be accompanied by an original letter from Citizenship and Immigration Canada stating that the visa request has been refused.

Date Parent/Guardian Signature

Date Witnessed by (Signature)

The application process can not start until the application fee of \$100 and all forms have been received.

**Please consult the check list for other forms and documents needed.
Please note that this document forms part of a contract with the school.
This contract will be interpreted and enforced in accordance with the law.**