



# APPLICATION FORM

## Junior Kindergarten to Grade Eight

**(Please attach a copy of the student's birth certificate or passport with this form)**

Student's Name: \_\_\_\_\_  
(Surname) (Given Names)

Primary Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(Street) (Unit) (City) (Province) (Postal Code) (Country-if outside of Canada)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female \_\_\_\_\_ In-Person \_\_\_ Online \_\_\_  
(Year) / (Month) / (Day) (Grade in which student is applying for and Learning Model of Choice)

CONTACT INFO	Father <small>(Full Name)</small>	Mother <small>(Full Name)</small>	Legal Guardian <small>(Full Name) -If Applicable</small>	Family Physician
NAME				
EMPLOYER				
WORK PHONE NUMBER	Ext.	Ext.		
CELL NUMBER				
PRIMARY EMAIL <small>(monitored daily)</small>				
BUSINESS EMAIL				

Legal Custody:  Father  Mother  Both  Other

*(Provide a copy of legal documentation if only one parent or a legal guardian has custody – e.g. birth certificate, court order, separation agreement, divorce decree, etc.)*

Please indicate below the address of the parent who does **NOT** have custody, if applicable.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Unit) (City) (Province) (Postal Code) (Country – if outside of Canada)

**Communication:**

General Information (Newsletters, events, etc.):  Both  Mother Only  Father Only  Legal Guardian(s)  
 Accounting Information (Receipts/Statements):  Both  Mother Only  Father Only  Legal Guardian(s)

Has your child ever been expelled or suspended from school?  Yes  No

Name and address of <b>PREVIOUS SCHOOL ATTENDED:</b>	<b>Phone &amp; Fax Numbers</b> of previous school attended: Phone _____ Fax _____
<b>HOW DID YOU HEAR ABOUT OUR SCHOOL?</b> _____ Referral _____ MCA website _____ Google Family who referred you: _____ Other, please specify: _____	<b>REASON FOR APPLYING AT OUR SCHOOL:</b> _____ _____ _____



# EMERGENCY & MEDICAL INFORMATION

Please attach a copy of the student's immunization records with this form

Student's Name: \_\_\_\_\_  
(Surname) (Given Names)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Card #: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  
(Year) (Month) (Day)

Responsible adults to whom this child may be released to in the event of an emergency when parent(s)/legal guardian(s) cannot be reached:

(1) Legal Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (Unit) (City) (Province) (Postal Code)

(2) Legal Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (Unit) (City) (Province) (Postal Code)

**Medical Allergies:**

Allergy:	Allergic Reaction:	Plan of Action:

**\*NOTE:** Any Allergies that can cause **ANAPHYLACTIC SHOCK** must be accompanied by **FORM B** (Allergy Alert Emergency Plan) along with your child's photo, EpiPen or Allerject and **FORM A** (Administration of Prescribed Medication) before your child can start!

**MEDICAL CONDITIONS**    None    OR     As follows:

**Plan of Action:** \_\_\_\_\_

(All medication to be administered by staff must be accompanied by **FORM A** (Administration of Prescribed Medication). Doctor's notes are required for all medication except fever reducers (i.e. Tylenol). **ASTHMA** medication, must be accompanied by **FORM C** (Student Asthma Management Plan). **FORMS A, B, and C** will be provided by the main office, upon review of the application form.

**History of communicable diseases & date i.e. chicken pox, 2010**    No    Yes (give details) \_\_\_\_\_

**Food restrictions**    No    Yes (give details – restriction, reason, response) \_\_\_\_\_

**Additional responsible adults to whom child may be released - non-emergency (LEGAL NAMES PLEASE): optional**

I hereby verify that the information provided is accurate to the best of my knowledge.

I understand that it is my responsibility to update Mississauga Christian Academy of any changes *in writing* as they occur.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian