

Application

study@glchs.ca



A. STUDENT INFORMATION:

Please print clearly.

APPLICATION FOR: Sept. 20____ or Jan. 20____

Grade applying for: _____ Full year Fall Semester Spring Semester
 Day student 5-Day Residential 7-Day Residential 7-Day Residential with Long Weekend program

Surname: _____ First Name: _____ Middle Name: _____

Preferred name: _____ M F

Date of Birth: Month/Day/Year _____ / _____ / _____

Street Address: _____ City: _____

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

Canadian Immigration Status: Canadian Citizen Permanent Resident Applying for Student Visa

First Language: English Other _____

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

FATHER:

Name: _____

Email: _____

Phone: _____

Address: (if different than student) _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Citizenship: _____

MOTHER:

Name: _____

Email: _____

Phone: _____

Address: (if different than student) _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Citizenship: _____

Single Married Separated Divorced Custody Documents Attached

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

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

Friend _____ Church Advertisement Website

Family Agent Other: _____

C. ACADEMIC INFORMATION

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____

Telephone #: _____

Schools Website: _____ School's Email: _____

1. Has the student ever studied in a school in the Ontario Education system? Yes No
If yes, please provide Ontario Education Number (OEN): _____

2. Does the student have:

- | | | |
|---|------------------------------|-----------------------------|
| a. An Individual Education Plan: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Support from a Learning Resource Teacher: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Behavioural challenges: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. A history of mental health concerns | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. ADD/ or ADHD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Excessive absences due to illness or any other reason: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. History with tobacco, alcohol, non-prescription drugs, vape, or marijuana? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Prior suspensions, asked to withdraw, or been expelled from any school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide a detailed response to any "Yes" response to Question 2:

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

Post Secondary plans (GRADE 11/12 ONLY)

4. After High School my child is considering College University Trades No further schooling

5. If the plan is to attend post-secondary education, which area of study are they interested in (eg. Business, Engineering, Psychology, etc.)?

6.. In order to best serve the Applicant please share any other relevant information that is not captured in the above questions.

D. STUDENT BACKGROUND INFORMATION

The applying student is asked to complete the following section, 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? How do you hope to be involved at GLCHS?

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

7. Please confirm the following:

a. I understand that Great Lakes is a Christian school. Yes No

b. I understand that as a student I will attend both Chapel and Bible classes. Yes No

c. 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

Guardian required if parents are regularly living more than 3 hours from GLCHS:

Name: _____ Email: _____
Address: _____ Phone: _____
City: _____ Province: _____ Postal Code: _____
Relationship to student _____

International Applicants only:

Country of Birth: _____
Passport Number: _____ Expiry Date: _____

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