



675 Sheppard Ave East, North York,
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APPLICATION FOR ADMISSION

Student's Full Name _____ Applying for Grade _____
Surname First Middle

Male _____ Female _____ Date of Birth _____ / _____ / _____ Date to Entry to SCS _____
Day Month Year

Citizenship _____ Language(s) Spoken at Home _____

Home Address _____ City _____

Province _____ Postal Code _____ Home Phone _____

Health Card Number _____

School last attended _____ Grade _____

Church Affiliation _____

Pastor _____ Phone Number _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____

Employment _____ Employment _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Sibling Name(s) & Age

1 _____ Age _____ 2 _____ Age _____

3 _____ Age _____ 4 _____ Age _____

EMERGENCY CONTACT: Person to contact when parent cannot be reached

Name _____ Phone Number _____

Relationship to Student _____

Please answer the following questions:

1. Why do you believe your child will benefit from this school?

2. If your child is accepted, can the teacher and the school board expect your full support regarding educational policies and religious teaching?

3. Does the student have any special instruction needs? Yes No

If yes, explain _____

4. Has student been involved in a modified program or in individual education program? Yes No

If yes, explain _____

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

If yes, explain _____

6. Is there anything we should know about your child's character and or social emotional behaviour such as expected difficulties integrating into the classroom environment and any previous assessments for learning behavioural and physical difficulties?

7. Do you have any suggestions for us to make your child's experience at school good and positive?

8. What special interests, skills and abilities does the student have?

9. Does the student have any allergies or medical problems? (i.e. food allergies).

10. Please indicate how you were first heard about Signet Christian School.

_____ A friend _____ poster or flyer _____ an ad in the newspaper
_____ SCS open house _____ personal investigation (Internet)
_____ bus advertising _____ other _____

Canadian/Landed Immigrant Fees Schedule 2018 – 2019

Tuition Fee	\$7,000.00
	\$4,550.00 (siblings)
Tuition Deposit	\$500.00 (each family)
Application Fee	\$50.00 (non- refundable, each student with the application)

Method of Payment of Tuition: 10 instalments, due to the first of each month (September – June)
A tuition deposit of \$500 is required upon acceptance. At registration, 10 post-dated cheques must be submitted. The \$500 deposit is applied to the first year’s tuition, and subtracted from the last month’s cheque.

SIBLING DISCOUNT POLICY

In order for the family to qualify for the sibling discount on tuition, all eligible siblings must be full-time students. In other words, those at the high school level must commit to eight courses per year and be prepared to pay at the quoted rate for payment by ten monthly instalments.

Note: Students are required to wear the school uniform which may be purchased from *InSchoolwear*, 209 Wicksteed Ave, Unit 39, Toronto (416-423-3032).
High School students are required to purchase their own textbooks through the school online book store.

Enclosures (These are required prior to processing this application)

- Non-refundable Application Fee (\$50) _____
- Progress reports from previous school _____
- Any previous testing, assessment results or IEP report _____
- Transcript and/or guidance counselling report (high school student only) _____
- Copies of Birth Certificate _____ Immunization Record _____ Health Card _____
- Non-refundable Tuition Deposit (\$500) (upon acceptance) _____

In making application for our child, it is our desire to have him/her complete the school year. We shall endeavour to attend the meetings of the Association and support the school activities.

1. We support the school philosophy, objectives, Statement of Faith, student code of behaviour and uniform policies.
2. The administration is given full discretion in testing and placing our child in the proper grade.
3. The school reserves the right to dismiss my child if he/she does not respect its spiritual standards and/or does not cooperate in his/her own educational progress.
4. My cooperation is expected in:
 - a. a spirit of partnership with the teachers in the training of our child
 - b. practical help
 - c. faithful prayer
 - d. regular tuition payment
5. Our child will participate on scheduled field trips, school chapels and other school activities.
6. Acknowledge that a tuition deposit of \$500 is non refundable. A tax deductible receipt will be issued if my child(ren) withdraw prior to the beginning of school term and there is no outstanding balance.

We, the undersigned, understand and are in full agreement with the above:

Signatures of both parents are preferred, but one will be accepted.

_____	_____	_____	_____
Father	Mother	Guardian	Date
Accepted by the school _____		Principal	Date