



# Signet Christian School

675 Sheppard Ave East, North York,  
Ontario, Canada M2K 1B6  
T: 416-750-7515 F: 416-750-7720  
E: info@signetschool.ca  
www.signetschool.ca

## 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                      \_\_\_\_\_ Refer by a Church Pastor

\_\_\_\_\_ Open House                      \_\_\_\_\_ Our Kids Expo                      \_\_\_\_\_ Our Kids Web/Magazine

\_\_\_\_\_ Internet Search: Google (Private School/Christian School/ Elementary School/School near me)

\_\_\_\_\_ Advertising (Bus/Community Centre/Newspaper/Radio)      Other: \_\_\_\_\_

**Canadian/Landed Immigrant Fees Schedule 2020 – 2021**

Tuition Fee	\$8,000.00
Siblings	\$5,500.00
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) \_\_\_\_\_
- Non-refundable Tuition Deposit (\$500) (upon acceptance) \_\_\_\_\_
- Progress reports from previous school \_\_\_\_\_
- IEP report or any previous assessment, testing results \_\_\_\_\_
- Transcript and guidance counselling report (high school student only) \_\_\_\_\_
- Copies of Birth Certificate \_\_\_\_\_ Immunization Record \_\_\_\_\_ Health Card \_\_\_\_\_

---

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.

- I. We support the school philosophy, objectives, Statement of Faith, student code of behaviour and uniform policies.
- II. The administration is given full discretion in testing and placing our child in the proper grade.
- III. 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.
- IV. 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
- V. Our child will participate on scheduled field trips, school chapels and other school activities.
- VI. 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)

---

Father	Mother	Guardian	Date
Accepted by the school		Principal	Date

