



PRE-ENROLMENT FORM

OXFORD REFORMED CHRISTIAN SCHOOL

333182 Plank Line

Mt. Elgin, ON, N0J 1N0

Phone: 519-485-1142 Fax: 519-485-6352

secretary@orcschool.ca www.orcschool.ca

Thy Word is a lamp unto my feet, and a light unto my path.

Psalm 119:105

Interested in joining the Oxford Reformed Christian School?

To possibly be considered as a new family joining ORCS, there is a 3-step application procedure:

1. Complete and return this pre-enrolment form to the school. The School Board will be sent a copy of your completed form, and they will review it at an upcoming Board meeting.
2. Meet with the principal and/or the School Board to learn more about the school and your family. The School Board will review the meeting summary and respond with their decision.
3. If the request for enrolment is accepted, registration and other enrolment forms will be provided. A Parent Handbook and other supporting information will be provided at this time. Uniform fittings and other necessary details, including busing, will be arranged.

PART A - General Family Information

First Name (s): Father: _____ Mother: _____

Last Name: _____

Address: Street: _____

City: _____ Postal Code: _____

Phone number(s): Father: _____ Mother: _____

Email Address(es): Father: _____ Mother: _____

Please, tell us a bit more about your family in general:

PART B - General Educational Information

Have your children attended school elsewhere? No Yes. If yes, which school? _____

Please complete the chart below: Please note, if 'yes' is checked for any of the columns below, upon approval of enrolment, to help us better prepare for your child(ren), a meeting with your family may be arranged to discuss these details further.

Name of child(ren) for possible enrolment	Gender	Current grade (Please specify)	Does he/she have special physical needs? (Vision, speech, hearing, mobility, etc.?)	Does he/she have a diagnosis of any kind? (ADHD, dyslexia, etc.)	Did he/she have an Individual Education Plan, or Special Education Profile at a previous school?	Did he/she receive remedial assistance at a previous school?	Please include any other necessary information which we should know about your child(ren) below or in the space on the last page:
First name: Middle name(s): Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Not yet in school <input type="checkbox"/> Grade: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
First name: Middle name(s): Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Not yet in school <input type="checkbox"/> Grade: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
First name: Middle name(s): Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Not yet in school <input type="checkbox"/> Grade: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
First name: Middle name(s): Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Not yet in school <input type="checkbox"/> Grade: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
First name: Middle name(s): Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Not yet in school <input type="checkbox"/> Grade: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
First name: Middle name(s): Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Not yet in school <input type="checkbox"/> Grade: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

PART D - Other General Information

Do you know anyone involved in the Oxford Reformed Christian School Society? If so, please specify:

Why do you want to send your child(ren) to Oxford Reformed Christian School?

Other comments/information we should know:

Signatures:

Father: _____ Mother: _____

Date: _____

Please email your completed forms to secretary@orcshool.ca. Thank you.