



**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:

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

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Other comments/information we should know:

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Signatures:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Date: \_\_\_\_\_