



HAMILTON DISTRICT CHRISTIAN HIGH APPLICATION FORM

Hamilton District Christian High is committed to protecting your privacy and understands the importance of protecting personal information. Hamilton District Christian High will protect your personal information by security safeguards appropriate to the sensitivity of the information. This information may be shared internally to benefit student instruction.

An information file called the Ontario Student Record—containing report cards, an up-to-date transcript, and other material pertinent to the student’s academic achievements—is maintained for each student enrolled in accordance with Ontario Ministry of Education guidelines.

STUDENT INFORMATION

SURNAME: _____ GIVEN NAMES: _____

NAME COMMONLY USED: _____ BIRTH DATE (MM/DD/YYYY): _____

GENDER: _____ TARGET ENTRY GRADE: _____

HOME PHONE: _____ CURRENT SCHOOL: _____

HOME ADDRESS (IN CANADA): _____

CITY / TOWN: _____ POSTAL CODE: _____

PROVINCE OF BIRTH: _____ FIRST LANGUAGE (IF NOT ENGLISH): _____

COUNTRY OF BIRTH (IF NOT CANADA): _____ ENTRY DATE TO CANADA (MM/DD/YYYY): _____

STATUS IN CANADA: CITIZEN NATIVE ANCESTRY PERMANENT RESIDENT
 STUDENT VISA OTHER VISA REFUGEE

SHARING INFORMATION:

Addresses and phone numbers may be shared within our community in the form of a printed directory.

Yes, share my address and phone number No, please do not share.

PARENT / GUARDIAN#1 INFORMATION

FULL NAME: _____

ADDRESS (IF DIFFERENT FROM STUDENT'S): _____

HOME PHONE: _____

BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL: _____

HDCH ALUM: NO YES GRAD YEAR _____

PARENT / GUARDIAN#2 INFORMATION

FULL NAME: _____

ADDRESS (IF DIFFERENT FROM STUDENT'S): _____

HOME PHONE: _____

BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL: _____

HDCH ALUM: NO YES GRAD YEAR _____

FAMILY DYNAMICS

APPLICANT LIVES WITH: BOTH PARENTS
 PARENT / GUARDIAN #1 PRIMARILY PART-TIME
 PARENT / GUARDIAN #2 PRIMARILY PART-TIME

Please indicate if there are any special family arrangements of which the school should be made aware (including progress reports and academic information):

FINANCIAL RESPONSIBILITY:

If tuition and fees are not the sole responsibility of parent(s)/guardian(s), please note individual(s) name, relationship to applicant and address.

HEALTH INFORMATION

FAMILY PHYSICIAN: _____

PHONE: _____

HEALTH CARD NUMBER & LETTERS: _____

IDENTIFIED MEDICAL CONCERNS (INCLUDING ALLERGIES):

EMERGENCY CONTACT NAME (AFTER CONTACT TO GUARDIANS):

RELATIONSHIP: _____

PHONE: _____

ATHLETIC CONSENT

I give permission for my child to attend tryouts for any of the extracurricular sports teams.

YES NO

CHURCH AFFILIATION

NAME OF CHURCH: _____

DENOMINATION: _____

PASTOR/PRIEST: _____

YOUTH DIRECTOR: _____

EDUCATIONAL CONCERNS

My child has learning exceptionalities (i.e. an Individual Education Plan, Student Learning Profile, giftedness, Psychological or Education Assessment, extra academic support).

YES NO

COMMENTS: _____

MEDIA CONSENT

The Privacy Act (PIPEDA) requires us to have written consent before we can use photos publicly. By giving this consent, you are permitting photographs or videos of your child to be viewed by anyone who views the Hamilton District Christian High website, social media accounts, or reads HDCH literature, and that if consent were withheld, the publication would not occur.

WE CONSENT WE DO NOT CONSENT

PARENT / GUARDIAN #1 SIGNATURE

DATE

PARENT / GUARDIAN #2 SIGNATURE

DATE

GENERAL INFORMATION

SIBLINGS:

List names and ages of siblings not currently attending Hamilton District Christian High:

STUDENT NAME (S)	AGE

ALUMNI:

List relatives who have attended Hamilton District Christian High in the past (please include maiden names where applicable):

NAME (S)

In order to refine our admission process, please indicate what prompted you to make your initial inquiry:

- | | | |
|--|---|--|
| <input type="checkbox"/> CURRENT HDCH FAMILY | <input type="checkbox"/> HDCH ALUMNI | <input type="checkbox"/> FRIEND / ASSOCIATE REFERRAL |
| <input type="checkbox"/> ADVERTISING | <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> INTERNET (INCLUDING SEARCHES) |
| <input type="checkbox"/> CURRENT SCHOOL | <input type="checkbox"/> CHURCH / YOUTH GROUP | <input type="checkbox"/> OTHER (PLEASE INDICATE) |

STUDENT APPLICANT: WHY WOULD YOU LIKE TO ATTEND HDCH?

PARENT / GUARDIAN:

WHAT CHARACTERISTICS OF OUR SCHOOL INTEREST YOU, AND WHY DO YOU BELIEVE OUR SCHOOL IS A GOOD MATCH FOR YOUR CHILD?

VOLUNTEER OPPORTUNITIES

At Hamilton District Christian High we invite our families to engage with their heads, hands and hearts. We encourage you to consider investing your time, talents and treasure. In addition to giving of your time, financial support for HDCH is essential to cover the school's operating costs as well as to provide for growth and development of the school. Please indicate if you would be willing to invest in your child and community in one or more of the following ways:

- MENTOR FOR STUDENTS IN A CAREER / COOP PROGRAM: Indicate the field / profession of your expertise _____
- EXPERT AUDIENCE MEMBER FOR PRESENTATIONS OF LEARNING: Indicate your area of interest / expertise _____
- VOLUNTEERING YOUR TIME FOR SPECIAL EVENTS
- COMMITTEE MEMBER FOR AREAS OF INTEREST (GOLF, FUNDRAISING, ETC.)
- COACH: Indicate sport(s) _____
- EXTRACURRICULAR VOLUNTEER: Indicate your area of interest _____
- FINANCIAL DONATION / GIFT IN KIND
- OTHER

OUR COMMITMENT

We believe in God the Father, God the Son, and God the Holy Spirit and confess that our faith must find expression in all our thoughts and actions. We dedicate our work to the pursuit of character development through learning, recognizing that true transformation can be found only in Jesus Christ.

We regard every student as sacred before God, who calls every one of them to obey His Law, and out of concern for their development as citizens of His Kingdom we dedicate our efforts toward a wholesome growth of their God-given potential. It is important that we deal justly with all students and make professional judgments regarding their academic, physical, and emotional characteristics as required.

We acknowledge the God-given authority of the parents concerning the student's education. We consider it a privilege to teach the students according to a plan of learning for which the religious direction is determined and accepted mutually by the parents and by the staff.

We promise to establish a relationship of mutual confidence with the parents and the students.

We believe that the Christian School is a cultural expression of the Christian community's faith commitment, and that it is our task as educators to make plain to students the relevance of God's Word in life's total experience.

We are committed to the growth and development of the Christian community, and desire a harmonious and communal submission in all areas of life to the power of God's Word. For this purpose, we shall seek guidance and justice in our relations with the students, the parents, the Board of the school and all others who support Christ-centred education.

On behalf of the HDCH Staff,



Nathan Siebenga
Principal

PARENT'S COMMITMENT

I agree that my child will be educated in a manner consistent with the beliefs and objectives of Hamilton District Christian High, which are summarized in the statement above: the Mission, the Vision, and the Foundational Statement.

I agree that my child will participate in and attend all compulsory courses and devotional activities as outlined in the Course Calendar.

I agree to co-operate with HDCH staff in appropriate program planning for my child. This includes consent for my child to participate in all educational excursions or trips conducted as part of the educational program.

I agree that upon enrolling my child, I will support my child in participating fully as part of HDCH's learning community.

I understand that Hamilton District Christian High staff will work to restore relationships and bring resolution when community is broken.

I acknowledge that the school reserves the right to enroll or de-enroll any student and/or family at any time during the school year, as it sees fit and without prior notice, for the well-being of the school community.

PARENT / GUARDIAN #1 SIGNATURE

DATE

PARENT / GUARDIAN #2 SIGNATURE

DATE

STUDENT'S COMMITMENT

I understand that at Hamilton District Christian High I will be educated in a manner consistent with its beliefs and objectives, which are summarized in the Mission, Vision, and Foundational Statement.

I agree to faithfully carry out my role as a student by participating in the life of this community, respecting all members of the community as image-bearers of God, and fully participating in the learning going on in my courses.

STUDENT SIGNATURE

DATE