



Where Faith and Learning Meet Life

2017-2018

Admission Application

London District Christian Secondary School



LDCSS Admission Application Process

Step #1 Check Us Out!

- Look us up online at ldcss.ca
- Stop by or call Gabriella Hoogstra, Director of Enrolment, at 519-455-4360 ext. 231 or email ghoogstra@ldcss.ca to schedule a tour.
- Grade 8 Day - Wednesday, November 2, 2016, please register with Gabriella.
- Dessert Evening - Thursday, November 17, 2016 from 7:00 pm - 8:30 pm, please register with Gabriella.
- You are also invited to attend any of our events. Visit ldcss.ca for a listing of upcoming events.

Step #2 Complete and Submit Your Application Package

Please complete the application and return to LDCSS by February 1, 2017. All applications received after this time will be subject to a \$200 enrolment fee.

Step #3 New Family Interviews

Families new to LDCSS will be contacted for an interview. This is a time for you to learn more about us and for us to learn more about you and your child. Mr. Tim Bentum (Principal) and Ms. Gabriella Hoogstra will be in touch to schedule a time with you in February.

Step #4 Official Registration

Upon successful completion of all admission requirements, you will receive a letter to confirm enrolment. Tuition rates, payment options and bursary information will be provided to you in May.

Step #5 School Visits / Orientation Events

- Student Connections Night - Friday, May 26, 2017, hosted by LDCSS senior students. New students are invited to enjoy food, games, icebreaker activities and building new friendships!
- Back to School BBQ and New Student Orientation Evening, Thursday, August 31, 2017.

Any questions – we are here to help!

Please contact:

Gabriella Hoogstra, Director of Enrolment
T: 519-455-4360 ext. 231 | E: ghoogstra@ldcss.ca
London District Christian Secondary School
24 Braesyde Avenue London, Ontario N5W 1V3

Please complete and return this entire booklet.

**LDCSS Admission Application
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General Information

Student Name: _____
Last name First name Middle name

Address: _____
Number, Street (if RR please indicate emergency location number) City/Town Postal Code

Student Cell phone: () _____ Date of Birth: _____
Month Day Year Gender: _____

Please indicate your status in this country: Canadian Citizen Permanent Resident Visitor with Study Permit

Student lives at the above address with: both parents mother mother & step-father
 father father & step-mother other legal guardian

Father/Guardian's Name: _____ Occupation: _____

Employer: _____ Bus. phone: () _____

Email: _____ Cell phone: () _____

Mother/Guardian's Name: _____ Occupation: _____

Employer: _____ Bus. phone: () _____

Email: _____ Cell phone: () _____

Is there another living parent? yes no

If yes, does one parent live at a different address than the student. Should that parent be sent a duplicate copy of school correspondence (newsletters, mailings, report cards, etc.)? yes no

If yes, please provide us with the parent's name: _____

Address: _____
Number, Street (if RR please indicate emergency location number) City/Town Postal Code

Phone: () _____ Email: _____

Current School/Church Information

Name of School: _____ Grade: _____

Address: _____
Number, Street (if RR please indicate emergency location number) City/Town Postal Code

Phone: () _____ Principal's Name: _____

Please check if your child is currently homeschooled.

Please describe any educational needs/concerns below and attach a copy of last year's final and this year's interim report cards:

Church Currently Attending: _____ Denomination: _____

Address: _____
Number, Street (if RR please indicate emergency location number) City/Town Postal Code

Phone: () _____ Pastor's Name: _____

Please check if you currently are not affiliated with a church.

Emergency Information

Contact Name (other than parent): _____

Relationship to Student: _____ Cell phone: () _____

Home phone: () _____ Bus. phone: () _____

Medical Information

_____ Dr. Name: _____ Phone: () _____
Health Insurance Number (Include letter code)

Health History: *Please state any medical conditions or health problems of which the school should be aware of:*

Allergies: _____

Date of last immunization for Tetanus: _____

If there are any special instructions, please describe: _____

Christian Elementary

Families with children enrolled in Christian elementary and secondary receive an automatic bursary on tuition. Please complete the following where applicable to determine what bursaries you qualify for.

Siblings attending an elementary school and grades for 2017-2018 school year.

1. _____ Grade _____ School _____

2. _____ Grade _____ School _____

3. _____ Grade _____ School _____

“Lord, in your light, we see light.”

Psalm 36:9b

Volunteer Survey

There are many ways to get involved at LDCSS. All help is greatly appreciated and enables us to offer more to our students.

This volunteer section is a tool to communicate the area of need at LDCSS, and offers parents an opportunity to share their gifts and interests with the LDCSS community. Please indicate below the areas where you would be interested in being involved at LDCSS. When help is needed, you may be contacted to see if you are available.

- Theatre Productions: sewing costumes, make-up, production, set-building
- Hospitality support for assemblies or school or promotional events
- Planning support and event leadership for fundraising events
- Speaking with students about your work or area of interest
- Providing workshops to students: please indicate area _____
- Coaching sports team: please indicate sport _____
- Other: _____

Grandparent Information (new family)

LDCSS has a tradition of encouraging connections between generations of grandparents and students. As such we request information which will allow us to include the student's grandparent(s) on a mailing list. Many of these are electronic communications so please include an email address.

Mother's Parents

Name: _____
Last names First names Title

Address: _____
Number, Street (if RR please indicate emergency location number) City/Town Postal Code

Phone: () _____ Email: _____

Please send the following (check which they would like to receive):

- Grandparents' & Seniors' Appreciation Day
- ConnectED – Published semi-annual communication about school happenings & student learning
- Spring Drama Production

Father's Parents

Name: _____
Last name First name Title

Address: _____
Number, Street (if RR please indicate emergency location number) City/Town Postal Code

Phone: () _____ Email: _____

Please send the following (check which they would like to receive):

- Grandparents' & Seniors' Appreciation Day
- ConnectED – Published semi-annual communication about school happenings & student learning
- Spring Drama Production

Parent or Guardian Statement of Support

1. We testify that the information included in this application is accurate and complete to the best of our knowledge.
2. It is understood that we are enrolling our child in LDCSS because of our earnest desire that our child receive a Christ-centered education.
3. It is agreed that our child shall be educated in a manner consistent with the beliefs and objectives of LDCSS which are summarized in the Educational Creed of LDCSS.
4. It is agreed that upon enrolling our child, we will be bound by definite financial obligations.
5. It is agreed that upon enrolling our child, we will support the student behavioural rules and guidelines, as well as endorse school policy with regard to privacy and other issues, as outlined in the Student Handbook and as updated year to year.
6. It is agreed that we will co-operate with the principal of LDCSS in the appropriate program planning of our child. This includes consent for our child to participate in all educational excursions or trips conducted as part of the educational program.
7. It is agreed that our child will participate in and attend all compulsory courses and devotional activities as outlined by the Board of Directors and directed by the principal.
8. It is understood that LDCSS has zero tolerance for the use of alcohol, tobacco or drugs in connection with any school-related activity and that the use of banned substances may result in an expulsion.
9. The school reserves the right to accept, reject, retain or expel any student at any time during the school year, for the well being of other students, teachers or the school's reputation as it sees fit without prior notice.

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

NOTE: This one time commitment is required before a student is admitted to LDCSS and remains effective for the entire enrolment period of the student.

Student Statement of Commitment

1. I understand that this is a Christian high school and that every activity of this school will be guided by Biblical principles.
2. I have read the Student Handbook and understand its contents. I will work with LDCSS to realize our mutual goals.
3. I agree to faithfully carry out my duties as a student e.g. do my homework, work with teachers, abide by school regulations.
4. I understand that LDCSS has zero tolerance for the use of alcohol, tobacco or drugs in connection with any school-related activity and that the use of banned substances may result in an expulsion.
5. For Grade 9 students: I will not leave school property from the time I arrive in the morning until the time I leave at the conclusion of the school day.
6. I agree that school regulations also apply to educational excursions, trips, sports and all other extra-curriculars.

Date

Student Name (printed)

Student Signature

NOTE: This one time commitment is required before a student is admitted to LDCSS and remains effective for the entire enrolment period of the student.

Personal Information Use Waiver

In consideration of the right to attend, and participate in the activities which are a part of enrolment at London District Christian Secondary School, the student (and, if the student is a minor, his/her parent(s) or legal guardian(s)) hereby grants to LDCSS;

- the right to use personal information regarding the student and his/her family for any purpose connected to the internal workings of the school. This information will initially be collected at registration on family and student profile forms, but will be updated as needed.
- the right to publish in a student directory the name of the student; parent(s)/guardian(s); addresses (mailing, home, email); home phone/fax numbers; student grade level.
- the right to share the information with other parents/guardians who have children enrolled at LDCSS.
- the right to share the information with school affiliated committees for the purpose of establishing transportation routes to LDCSS, assessing tuition, soliciting participation in fundraising activities.
- the right to share the information with Christian post-secondary educational institutions.
- for any purpose connected with promoting LDCSS, the right to use the student's name, voice, and likeness in any writings, photographs, school work, films and recordings of the student while he or she is participating in school related activities at LDCSS and any biographical information submitted by the student to LDCSS and to use, reproduce, publish, and distribute the same.

Date: _____

Student Name: _____
Printed

Signature

If the student is a minor, the signature of his/her parent(s) or legal guardian(s) is required:

Name: _____
Printed

Signature

**Thank you for completing this Admission Application to
London District Christian Secondary School.**



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T: 519-455-4360 | F: 519-455-4364

www.ldcss.ca