



7 Howard Avenue
London, Ontario
N6P 1B8
519-203-0266

REGISTRATION FORM

Covenant Christian School

Please check: _____ new registration _____ information update

Surname of Student: _____

Given name(s): _____

Birth date: _____ Age: _____ Grade: _____ Sex: _____

Father: _____

Mother: _____

Home address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ (father)

Cell phone: _____ (mother)

Email: _____

Name and telephone number of Emergency Contact Person(s):

Health card number: _____

Family doctor and telephone number:

Medical/Developmental History:

Before attending school, we recommend that your child is up to date regarding the following health evaluations:

- physical exam
- vision test
- hearing assessment
- speech assessment

Please list and explain any health issues or concerns that the school might need to know about your child:

Does this child need to wear a **MedicAlert®** bracelet? If so, why?

As a rule, teachers are not permitted to give children medication of any kind without parental consent. If your child requires assistance with any medication for a special condition, please include a signed and dated form of consent authorizing teachers at CCS to administer medications as directed.

Educational History:

List all schools previously attended (preschool to present):

School	Grades	Reason for change
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Full name and address of previous schools attended:

Did your child receive any specialized instruction at a previous school? If so, please describe:

If your child has any learning challenges or exceptionalities, please inform the school as soon as possible. If available, please also include any doctor or specialist reports that can be shared with school personnel. In case your child needs any extra learning support or special education services, a follow-up meeting with you and the principal will be arranged.

Additional comments or information regarding your child:

Please attach a copy of your child's birth certificate to this form. Also, note that the Middlesex London Health Unit requires a record of your child's immunization information.

Name (please print): _____

Signature: _____

Dated: _____