

APPLICATION FOR ADMISSION INTERNATIONAL STUDENTS



340 w. scugog lane, bowmanville, ON L1C 3K2

Student Information

Surname (Family Name) _____

Given Names (as on passport) _____

Permanent Mailing Address (Home Country)

Street _____

City _____ Country _____

Phone _____ Fax _____

Email _____

Personal Information

Date of Birth _____ Citizenship (country) _____

Gender (Male) ___ (Female) ___

Health Insurance while in Canada? Yes ___ No ___

Health Care Card Number _____

- Please supply a copy of your insurance certificate

Grade Level Applied for (9 - 12) _____ Anticipated date of enrollment _____

Special Considerations, health, academic or personal issues (example: IEP, allergies)

Special Interest (example: soccer, piano, stamp collecting)

Previous School Information

Name of School last attended _____

Principal Name _____ Phone _____

Schools Email _____

phone: (905)623-5940

fax: (905)623-6258

www.dchs.com

email: office@dchs.com

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Parent Information

Father (Family Name) _____ Given Name _____

Mother (Family Name) _____ Given Name _____

Address (If different than student's) _____

Phone _____ Fax _____ Email _____

Father Occupation/Employer _____ Work Phone _____

Mother Occupation/Employer _____ Work Phone _____

Church family attends _____

How did you hear about Durham Christian High School? _____

Why have you chosen Durham Christian High School for your child? _____

Guardian / Home Stay Parent Information

Do you have a guardian in Canada. Yes ____ No ____

If no, do you need assistance in finding a home stay. Yes ____ No ____

Guardian (Family name) _____ Given Name _____

Guardian (Family name) _____ Given Name _____

Street _____

City/Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

Relationship to Student (uncle/aunt, friend of family, etc.) _____

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References / Commitment		
Principal/Teacher _____	Phone _____	Email _____
Address _____		
Other _____	Phone _____	Email _____
Address _____		

Student Signature

I acknowledge that attending Durham Christian High School is a privilege and I agree to abide by school policies relating to attendance and behaviour, to be diligent in my studies, and to do whatever I can to contribute to the well-being of this Christian community of learning.

Signed _____ Date _____

Parent Signature

As parents we desire to have our child/ren receive a Christian education at Durham Christian High School, and we agree that our child/ren will be educated in a manner consistent with the purpose of this school. We accept the financial responsibilities for tuition and other fees. We are aware of the school's policies on the enrollment and discipline.

Signed _____ Date _____

Guardian / Home Stay Parent Signature

We agree to support the student and be ready to counsel together with the Durham staff to help the student achieve academic success consistent with the purpose and goals of Durham Christian High School.

Signed _____ Date _____