



**EMERGENCY CONTACT PERSON IN HOME COUNTRY**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**LOCAL CONTACT PERSON (if available) RESPONSIBLE FOR STUDENT IN CANADA**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**CHURCH AFILIATION**

Church your family is regularly attending: \_\_\_\_\_

Pastor: \_\_\_\_\_ Telephone: \_\_\_\_\_

If church membership is less than one year, please list previous church, pastor and pastor's phone number:

\_\_\_\_\_

**MEDICAL INFORMATION**

Physical condition \_\_\_\_\_

Can your child participate in a full physical education program? \_\_\_\_\_

*Please note: A doctor's certificate is required for exemption for P.E. class as this is a compulsory subject. If your child's condition changes, please notify the school.*

Does your child have any of the following?

Diabetes

Hearing problem

Heart condition

Asthma

Vision problem

Allergies: mild & severe

Epilepsy

Contact lenses

please specify allergy \_\_\_\_\_

Speech problems

Other \_\_\_\_\_

Briefly explain above conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Doctor (if available) \_\_\_\_\_ Telephone : \_\_\_\_\_

Dentist (if available) \_\_\_\_\_ Telephone: \_\_\_\_\_

**ACADEMIC INFORMATION** (if applicable)

Schools attended – list the last two schools, starting with the most recent.

school	location	dates of attendance	grade
<hr/>			
<hr/>			

Please attach all original plus officially translated **copies of transcripts** and/or **report cards** for the past two years (unless kindergarten).

**Educational Program and Class Placement Information**

The following information and documentation is necessary in assisting DCS to determine whether, and if so how, we can best meet the student's needs.

1. Has the student repeated any grades?

If “Yes” , Grade \_\_\_\_\_ Year \_\_\_\_\_

2. Does the student have any special learning needs or require any educational support or assistance?

Yes       No

3. Has the student ever experienced any social or behavioral difficulties at school?

Yes       No      If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

4. Please list student's interests and hobbies (soccer, piano, stamp collecting etc.)

\_\_\_\_\_

\_\_\_\_\_

5. Is there anything else you wish to convey to the school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_