



KHALSA COMMUNITY SCHOOL Admission Application

69 Maitland Street, Brampton, ON L6S 3B5

Tel: 905-791-1750

Fax: 905-458-9133

STUDENT NAME Last _____ First _____ Middle _____

ADDRESS _____
Street _____ City _____ Postal Code _____

DATE OF BIRTH _____ / _____ / _____ Gender _____
Month Day Year Male / Female
Circle One

Registering for Secondary Grade: 9 10 11 12
Circle One

Citizenship Student Visa Other Visa

Last School Attended _____ Phone No. _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

Mother's Name: _____ Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

Guardian's Name: _____ Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

If parents are separated or divorced, please provide court document stating custody arrangements & list additional address if needed.

EMERGENCY CONTACT (to be used only if parents can't be reached.)

Name: _____ Relationship: _____

Phone: _____ Cell Ph: _____

OTHER SIBLINGS

Name of Brother/Sister	Date of Birth D/M/Y	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRANSPORTATION REQUIRED Yes No

Nearest Intersection _____

HEALTH INFORMATION

Health Card # _____ Doctor's Name _____ Phone _____

Is your child had any communicable diseases (chickenpox, measles etc.), illness, injuries, surgeries? If yes, please list them.

Is your child on daily medication? No Yes If yes, what _____

ALLERGIES: Drugs _____ Stings _____ Food _____ Other _____

Please read the following carefully before signing:

1. I understand that the tuition fee is due in full by January 31st of the academic session, and also accept my obligation to pay the entire tuition, even if my child/children are withdrawn from school anytime during the school year or immediately after the start of the school session in September.
2. Khalsa Community School expects the student to follow all the rules and shows exemplary behaviour consistent with the school ideals.
3. I agree that the information may be used by Khalsa Community School for purposes consistent with its policies and in accordance with the Freedom of Information and Protection of Privacy Act.
4. I undertake to abide by the rules, regulations, policies & procedures as made from time to time by Khalsa Community School, Brampton. I also authorize Khalsa Community School to use my child's photo or achievement record for promotional purposes.

Father's Signature _____

Mother's Signature _____

Guardian's Signature _____

Date: _____

FOR OFFICE USE ONLY

GRADE _____	PROOF OF AGE AND NAME		
<input type="checkbox"/> Ohip Number	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Visa
<input type="checkbox"/> Interviewed	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Report Card From Previous School	
	<input type="checkbox"/> Admitted	<input type="checkbox"/> Waiting	<input type="checkbox"/> Denied
FEES PAYABLE:			
Registration Fees	\$ _____	Tuition Fees	\$ _____
Building Fund	\$ _____	Transportation	\$ _____
		Total	\$ _____