

International Student Program Application for Enrollment and Information Form

FAMILY INFORMATION

Family Name:				
Name of Father:	Name of Mother:			
Home Address:				
Denomination:	(Church:		
(While staying in Londo	on, Ont.)			
Address Parents or Gu				
E-mail:				
Phone numbers:				
Name	Home	Cell:		
	Work	Cell:		
	Work	Cell:		
Denomination:				
Name and address of	church attending in Lor	don:		
	E-mail	#: :		
Name of Pastor in Lone		Phone #: F-mail:		

Why do you desire to enroll your child/rer	n in London Christian Academy	?	
2. What are your expectations for your child/	/ren?		
3. What are your expectations for The Lond	Ion Christian Academy?		
4. Give a description of what activities in you child/ren?	ur home contribute to the spirit	ual developme	ent of your
TUDENT INFORMATION			
egal Name of child (As on their passport)		Boy	Girl
nglish name the child will use while in Canada			
tizenship of the child			
urrent grade level in home country	Birth Date:		
rade level applying for	Month/Day	//Year	
ength of time applying for			
oneful arrival date			

English proficie How fluent is th	ency: ne child in English?		
Very fluent	_ Some what fluent	Not very fluent	No English
Previous school	ol attended:		
Name of schoo	l:		
Address of sch	ool:		
Phone #	#:		
Name of Princi	pal:		
(Please attach	original plus officially tr	anslated copies of tra	anscripts and/or report cards for the past two years.
Additional Infor	mation:		
1. How long ar	re you planning to stay	in Canada?	
2. Does the ch	ild have any difficulties	;?	
Learning	Behavioral I	Emotional/Mental Illne	ess Physical Health
If yes, pleas	se explain:		
3. Does the ch If yes, pleas	•		No
Signature:		Name Print	ed:
Relationship to	the student:	Data:	

Christ-centred education providing a solid foundation for life.