



"...BEHOLD, I LAY IN ZION FOR A FOUNDATION A STONE, A TRIED STONE, A PRECIOUS CORNER STONE, A SURE FOUNDATION:..." ISAIAH 28:16

Pre-Enrolment Application

Thinking of joining Solid Foundations School?

There are 3 steps to the application process, to possibly be considered for enrolment:

1. Fill in this pre-enrolment application form and email it to board@sfschool.ca
2. The School Board will review the application at an upcoming board meeting. A meeting with the principal or the School Board may be requested.
3. If the enrolment application is accepted, then the other registration forms will be provided for the family to complete and sign.

Section A – Family Information

1. Name of Parent _____ Relationship to Student _____
Address _____ Email Address _____
All Relevant Phone Numbers (Home, Work, Cell) _____

2. Name of Parent _____ Relationship to Student _____
Address (if different) _____ Email Address _____
All Relevant Phone Numbers (Home, Work, Cell) _____

3. List all the children who live in the home (including their dates of birth) and current school Grade.

Name(s)	DOB			Grade
	MM	DD	YYYY	
	MM	DD	YYYY	
	MM	DD	YYYY	
	MM	DD	YYYY	
	MM	DD	YYYY	
	MM	DD	YYYY	
	MM	DD	YYYY	
	MM	DD	YYYY	

Please tell us a little about your family:

Section B – Educational Information

To help ensure that we can meet the learning needs of your child(ren), please share the following information:

Does your child(ren) have an Individual Education Plan, Behaviour Plan or similar documents(s)? <i>(if so, please attach to email)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s)
Does your child(ren) have any identified disabilities that Solid Foundations School should be made aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s)
Does your child(ren) have physical, medical, academic, behavioural, social or emotional concerns that the school should know about?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s)
Does your child(ren) have a diagnosis of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s)
Have your children attended another school? If so, which school(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s)
Is there anything else we should know about your child(ren). If so, please explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s)

Section C – Religious Information

What is the name of the church you attend? _____

For how long have you been attending there? _____

What is the name of your pastor/elder? _____

Do we have permission to contact your pastor or consistory for a reference? Yes No

If not, please explain: _____

If so, what is their contact information? _____

Are you a member of this church? Yes No

If not, please explain: _____

How would you describe your knowledge of the Reformed faith? Please explain:

Section D – Other Information

Why do you want to send your child(ren) to Solid Foundations School?

Signatures:	Date: _____
Father: _____	Mother: _____

Please email your completed form to board@sfschool.ca