



Airdrie Koinonia Christian School

STUDENT INFORMATION

(Please attach a photocopy of your child's birth certificate.)

PARTICULARS				Date of Application: _____	
Legal Last Name	Legal First Name	Legal Middle Name	Date of Birth	M/F	
Preferred Last Name	Preferred First Name	Alberta Health Care Number	Age Sept 1 st	Expected Grade	
Citizenship	Language spoken in home	Favorite music			
Sport and/or hobby:		Hrs. of TV/ week	Favorite show(s)		
PROBLEMS					
Physical Health					
Emotional Health					
Learning Disabilities					
Behaviour & Discipline					
Has the student ever been held back a grade, suspended, expelled, refused admission to a school, used tobacco, alcohol, or illegal drugs? Yes No If yes, please explain on another sheet of paper.					
SCHOOL HISTORY					
Name		Location			Grade
Name		Location			Grade
Name		Location			Grade
Best subject:		Worst subject:		General level of achievement A B C D F	
SPIRITUAL CONDITION					
Has the student received Jesus Christ as Savior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure		
Does the student regularly attend church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the student regularly attend Sunday School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the student regularly memorize scripture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

