



HCCS Enrollment Application

Date _____ Requested date of admission _____

Mother/Guardian _____ Email _____ Cell _____

Father/Guardian _____ Email _____ Cell _____

Phone (H) _____ Home Address _____

Child's Full Name _____ M/F Current Grade _____

Child's Full Name _____ M/F Current Grade _____

Child's Full Name _____ M/F Current Grade _____

Child's Full Name _____ M/F Current Grade _____

Name & address of previous school (if applicable) _____

Church (if applicable) _____

Identified Special Educational / Behavioural Needs?

Additional Information / Circumstances

Active committee membership is required at HCCS. Participation will count toward your volunteer hours. Please choose your top 3, in order of preference.

- Fundraising Committee
- Special Events/Field Trips
- Volunteer Schedules & Recruitment
- Volunteer Screening Committee
- Chapel Planning
- Advertising/Promotion

Please include a copy of the most recent Progress Report for each child with your application submission.

Please submit in a sealed envelope to the Hanover Missionary Church office ATTENTION to HCCS.

Thank you.

Address:

628 Eleventh St.
Hanover, ON
N4N 1T7

Email:

hanoverchristianschool@gmail.com

Website:

www.hanoverchristianschool.com