



STUDENT INFORMATION

Students Full Legal Name: _____
First Middle Surname

Student's Preferred Name: _____ Male Female

Birth date: _____ (Attach a Copy of Birth Certificate) Requested Date for Admission _____
day month year

Grade applied for: _____ If applying for Kindergarten Full time (M – F) or Part time (M,W,F)

First Nation Ancestry: Yes No Status Number: _____ Living on Reserve: Yes No

Student's Primary Street Address: _____
Street Address City Postal Code

Mailing Address if different from street address: _____
City Postal Code

Is English your child's first language? Yes or No, if no, what is first language _____

Is your child's current/prior schooling in any language other than English? Yes or No

If Yes, what language? _____ Citizenship: Canadian Landed Immigrant Other: _____

Student Medical Information - BC Care Card Number: _____

LIST ALLERGY OR MEDICAL CONDITION(S)	SYMPTOMS	LIFE THREATENING YES/NO	EMERGENCY ACTION REQUIRED

At risk for anaphylaxis: Yes, Please provide an epipen for your child, to be kept at school.
 No

Students who are at risk for anaphylaxis or a life threatening condition will have a safety plan created.

Does the student require medication to be given at school?
 Yes or No If yes, please request a "Request for Administration of Medication" form from the office.

Does this student require prescribed medications on a regular basis?
 Yes or No If yes, If yes please list the medication and the reason it was prescribed. _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Physical Education - Is your child able to participate in a full Physical Education program?

- Yes
- No, An exemption note from your family doctor will be required as Physical Education is a compulsory subject. If conditions change during the year, please inform the school.

Tell Us About Your Child - What are your child's strengths? _____

What are your child needs (academic, behavioural, social, emotional, and/or physical)? _____

PARENT/GUARDIAN INFORMATION

Legal Guardian(s): Both Parents Mother Father Other _____

Parent/Primary Caregiver Name: _____ Relationship to Student: _____

Citizenship: Canadian Landed Immigrant Other: _____

Address: same as student or _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Place of Employment: _____ Can be contacted at work: Yes No

Parent/Primary Caregiver Name: _____ Relationship to Student: _____

Citizenship: Canadian Landed Immigrant Other: _____

Address: same as student or _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Place of Employment: _____ Can be contacted at work: Yes No

Legal Guardian: (If different from above) _____ Agency: _____

Mailing address: _____ Phone Number: _____

Email Address: _____ Home Phone: _____

E-mail is used to communicate school newsletters, your child's homework, and progress, etc

Legal Documents/Safety Concerns-Are there any custody concerns or court documents the school should be aware of:

Yes, please describe and provide copies of court documents. _____

No

LEGAL RESIDENCY OF PARENT(S)/GUARDIAN(S)

Completion of this form is required by the Ministry of Education for your child(ren) to be Provincially Funded and must be returned with your Application Form. It is to be completed and signed by the applicant's parent or legal (court-appointed) guardian. If the legal guardian is completing this form, please attach a copy of the court order stating legal guardian appointment.

1) RESIDENCY IN BRITISH COLUMBIA (Please only X one)

Yes, I am a resident of British Columbia.

Residency Address: (**Street address, City, Province and Postal Code is required**)

No, I am not a resident of British Columbia.

2) LAWFULLY ADMITTED INTO CANADA

(Please only X one):

I am a Canadian Citizen (if not born in Canada, attach photocopy of citizenship paper/card).

I am a Landed Immigrant (attach photocopy of landed immigrant status paper).

I am a Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach a clear photocopy of the document):

Admission as a refugee claimant;

A person claiming refugee status who has a letter of no objection;

A Student Permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years);

A Work Permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years);

A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport);

Other – Document description (Must be cleared with Immigration Canada.): _____

3) SIGNED BY:

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

Date: _____

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

Date: _____

STUDENT OFF CAMPUS WALKING FIELD TRIP PERMISSION

I give permission for my child, _____ to participate in supervised off-campus walking field trips around the neighborhood throughout the current school year. I understand the risks involved on these walking fieldtrips to include, but are not limited to, potential dangers while walking along the community sidewalks, as well as the inherent dangers associated with crossing streets at marked crosswalks.

Parent/Guardian Signature _____ Date: _____

EMERGENCY CONTACTS - Please list one or two contacts who are able to pick up your child if they feel sick or need to go home and we are unable to reach you.

(1) _____ Daytime Phone: _____ Relationship to student: _____

(2) _____ Daytime Phone: _____ Relationship to student: _____

In Case of an Extreme Emergency (earthquake, etc.) contact of person close to the school (who has no bridges or rivers to cross) who may pick up your child:

(1) _____ Daytime Phone: _____ Relationship to student: _____

ACADEMIC INFORMATION

School History

(To be completed when student has attended other schools, start with most recent.)

School	Location	Year
_____	_____	_____
_____	_____	_____

Learning Assistance - Does the student receive Learning Assistance? If you are uncertain, please contact your current/previous school.

Yes. Please explain: _____
If your child has received learning assistance in his/her previous school please have the current learning assistance teacher complete the attached Learning Assistance and Special Education Form.

No

Does the student have a (SLP) Student Learning Plan or (IEP) Individual Education Plan?

Yes.

No

Special Education - Students who are enrolled in the Special Education Program are typically those which the school receives Ministry of Education Special Education Funding designated for that child.

Does the student have a special education file at his/her previous school or receive special education services?

Yes

No

Uncertain

Does the student receive any special services for his/her individual needs such as physiotherapy, occupational therapy, speech therapy, behaviour intervention, counseling, etc.?

Yes. Please explain: _____

No

Has the student undergone an assessment of any kind (e.g. psycho-educational, speech therapy, sight, hearing, speech, physiotherapy, occupational therapy, medical assessment, etc.)?

Yes. Please describe the type of assessment. _____

No

If your child has a medical or psychological diagnosis please list: _____



Shared Commitment Agreement

As a School, we commit to...

- Fulfill our Vision and Mission Statements
- Provide a safe, nurturing Christian environment for your child
- Provide consistent communication regarding your child
- Provide consistent communication regarding the school program and activities
- Provide opportunities for involvement
- Provide consistency in Christian values and discipline
- Offer a listening ear to students and parents
- Show respect for your child and your family
- Prayerful support for your child and your family
- Use wisely the resources entrusted to the school
- Provide a Christ-centred curriculum and school program for your child

In making this application, as Parent(s)/Guardian(s), we/I commit to...

- Read and support the school's Vision and Mission Statements
- Read and support the school's Admission Policy and Parent Handbook
- Provide an appropriate study environment at home
- Provide consistent communication and attend scheduled parent-teacher conferences
- Attend school meetings and events
- Volunteer and support the school as I am/we are able
- Support the values of the school by providing Christian nurture in the home (e.g. Bible reading, prayer, and devotional time)
- Seek information and facts from staff and resist believing unsubstantiated rumours
- Respect school administrators, teachers, and support staff
- Provide prayerful support for my child/ren and the school
- Honour the financial commitment for my/our child/ren's education for each school year in which they attend DCS
- Encourage regular church attendance and involvement for our whole family

Please indicate your support for the following statements by signing below:

- We are enrolling our child/ren at Duncan Christian School because of our desire that our child/ren receive a Christ-centred education.
- We and our child/ren will support and abide by the policies, guidelines and behavioural expectations of Duncan Christian School, as outlined in the school handbooks and other school documents.
- As far as we are able, our family's lifestyle is consistent with belief in Jesus Christ as Lord and Saviour.
- We recognize that our child/ren's admission to the school is subject to approval by the Principal (supported by the Board) and to completion of the appropriate academic assessment of our child/ren (Grades 1-12).
- We will attend an orientation meeting to acquaint us with the school and the association. Parents may apply for membership in the Duncan Christian School Association.

Commitment

We/I declare that we/I will fully support the DCS Mission and Vision Statements, DCS Handbook(s) and school policies. Further, we/I agree to fully support the Shared Commitments described above.

Date: _____

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date: _____

Parent/Guardian Signature

Parent/Guardian Name (please print)



LEARNING ASSISTANCE AND SPECIAL EDUCATION FORM

If your child is receiving learning assistance at his/her present/previous school, please have this form completed by his/her current learning assistance teacher and returned to Duncan Christian School with your registration package.

Student's Name: _____ Grade: _____

THIS SECTION IS TO BE COMPLETED BY THE CURRENT LEARNING ASSISTANCE/SPECIAL EDUCATION TEACHER AT THE PRESENT/PREVIOUS SCHOOL.

Name of School: _____ Location: _____

Name of current Learning Assistance Teacher: _____

Is this student funded by the Ministry of Education, Special Education Grant? Yes No

Which Category/Designation? _____

What areas/courses have been adapted and what type of support was given to the student? _____

What areas/courses have been modified and what type of support was given to the student? _____

Which strategies or techniques work well with the student? _____

Briefly describe behaviour and/or social interactions that are of concern and the interventions that were in place? _____

Other comments that may be of help in planning this student's program. _____

Thank you for taking the time to complete this form, please return it by fax to DCS at 250-746-3615 or email office@duncanchristian.com. This form is needed to complete the application process for this student to DCS.