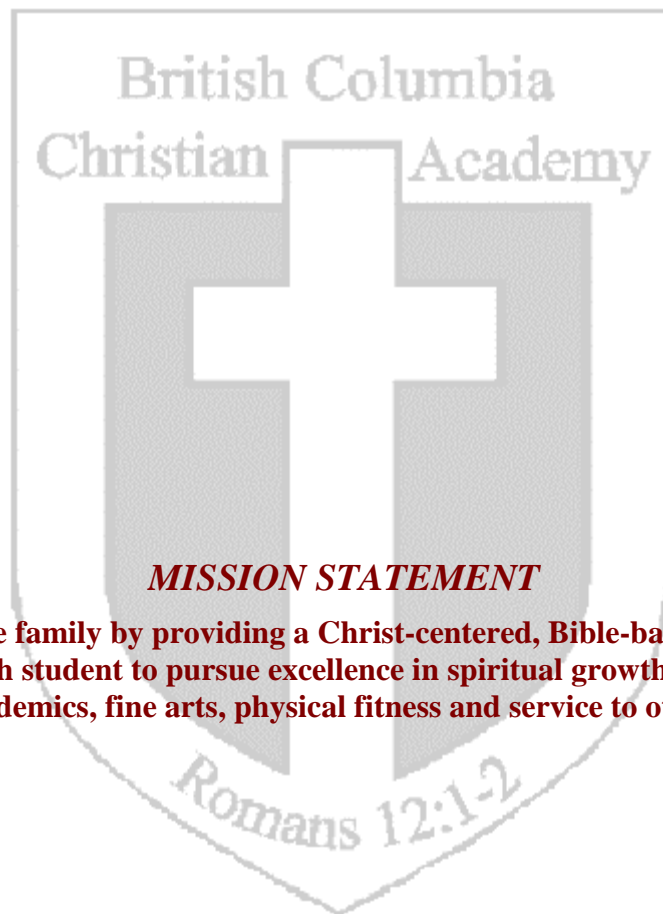




British Columbia Christian Academy

KINDERGARTEN – GRADE 12 ACADEMIC PROGRAM LOCAL STUDENT APPLICATION (siblings)



MISSION STATEMENT

To assist the family by providing a Christ-centered, Bible-based education that inspires each student to pursue excellence in spiritual growth, moral character, academics, fine arts, physical fitness and service to others.



British Columbia Christian Academy

For office use only

- Sch Pas Sch
- Tuition (FA)
- Family Referral
- Standard
- Birth Cert/Passport/PR
- Interview Form
- Medical/Immunization
- Legal Residency/PR
- Report Release Form

NEW LOCAL STUDENT APPLICATION: K-12

Date of Application: _____
Year / Month / Day

BCesis/Pupil No: _____
PEN: _____

PERSONAL DATA

PLEASE PRINT CLEARLY IN ENGLISH

1 LEGAL NAME: LAST (Surname)		FIRST	MIDDLE
2 DATE OF BIRTH: Year _____ Month _____ Day _____ <i>* Attach copy of Birth Certificate/Passport</i>		3 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4.a. COUNTRY OF BIRTH: b. CURRENT CITIZENSHIP:
5 HOME ADDRESS: Postal Code: _____		6 TELEPHONE NUMBERS: Home: _____ Cell: _____	
7 EMAIL ADDRESS: _____ @ _____		8 GRADE ENTERING: _____ and SCHOOL YEAR APPLYING FOR: _____ - _____ <i>* To register for Kindergarten your child must turn 5 years of age on or before Dec.31 of the coming school year.</i>	
9 GRADE COMPLETED: _____		10 HAS STUDENT HAD BEHAVIOURAL CONCERNS THAT NEEDED TO BE ADDRESSED BY TEACHER/PRINCIPAL? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?: _____	11 HAS STUDENT EVER RECEIVED LEARNING/DEVELOPMENTAL SUPPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO Reports attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
9a HAS STUDENT EVER REPEATED A GRADE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, grade: _____		12 PREVIOUS/CURRENT SCHOOL NAME AND ADDRESS:	13 NAME OF PRINCIPAL:
		14 SCHOOL TELEPHONE NUMBERS: Office: _____ Fax: _____	

PARENT / GUARDIAN DATA

15 FATHER'S NAME:	16 MOTHER'S NAME:
17 FATHER'S OCCUPATION:	18 MOTHER'S OCCUPATION:
19 FATHER'S EMPLOYER:	20 MOTHER'S EMPLOYER:
21 FATHER'S CONTACT TELEPHONE NUMBERS: Work: _____ Cell: _____ Email: _____	22 MOTHER'S CONTACT TELEPHONE NUMBERS: Work: _____ Cell: _____ Email: _____

SIBLING'S INFORMATION (currently/previously in BCCA)

Name: _____ Grade : _____ Year: _____
Last Name, First Name

SCHOOL POLICIES AND POLICIES RELATING TO TUITION AND FEE PAYMENTS

Standard tuition rates apply to all students admitted to the school (unless otherwise arranged with the business office).

Please refer to the school website for updated list of school policies (including technology policy for high school) and handbooks which are updated periodically to reflect changes (if any).

I/We the undersigned solemnly declare that we have read and understood the policies and conditions relating to tuition and fee payments as described above. By signing below, I/we accept full responsibility for the payment of all tuition and student fees.

Father/Guardian Signature/Date

Mother/Guardian Signature/Date

Approved by:

Principal's Signature/Date

Start Date: _____

STUDENT CODE OF CONDUCT (The following to be signed by each student entering grades 4-12)

At British Columbia Christian Academy we seek through word and action to create an environment of trust and mutual support in which each member of our community can grow. There is an emphasis on the need to be sensitive to those we come in contact with so that each student can realize their individual, God-given potential. As a staff we are committed to the on-going educational process of developing unique persons in a Christ-centered environment where faith is translated into action.

We all must learn to work individually and with others. Mutual respect, cooperation and sharing are important values in any social experience. The ability to work with, and for, others is an important part of the learning process. In all we do, there must be respect for God and His work, self, others, property and authority. Any overt behavior, which would demonstrate a lack of respect (e.g. cruel teasing, bullying, discourtesy, blasphemous language or vulgarity, stealing, etc.) will be dealt with so that the well-being and security of everyone in the school is ensured.

Students are to live consistent Christian lives wherever they are. Those who are not leading such lives often reflect this in their studies and their attitude toward other students.

Involvement with alcohol and illegal drugs are serious offences and all students are placed under a strict obligation to refrain from such use at all times and in all places. A breach of this guideline will normally result in disciplinary action ranging from a minimum of a 30 day suspension to expulsion.

I, (Please print name) _____ **am aware of the school's Code of Conduct and agree to abide by it and to support it to the best of my ability. As a student attending a Christian school, I pledge to uphold the school's standards against cheating, swearing, smoking, drinking alcohol, gambling, using or talking favorably about narcotics or using indecent language. I further pledge to act in an orderly, kind and respectful manner at all times, striving to be of good character in dress, attitude and conduct.**

Student Signature (indicating that I agree to the above)

Parent/Guardian Signature (indicating that I agree to the above)

Date: _____

Date: _____



BRITISH COLUMBIA CHRISTIAN ACADEMY PAYMENT PLAN AGREEMENT 2014-2015

Grades	Oldest Child	Second Child	Third Child	Deposit	Textbook Deposit	*PPP	Student Fee
Grade 12	5837	3283	0	250	200	200+200	390
Grade 11	5626	3494	0	250	200	200+200	340
Grade 10	5306	3400	2538	250	200	200+200	325
Grade 9	5306	3400	2538	250	200	200+200	325
Grade 8	5306	3400	2538	250	200	200+200	325
Grade 7	4884	3090	2284	250	200	200+200	275
Grade 6	4884	3090	2132	250	200	200+200	220
Grade 5	4564	2885	1980	250	200	200+200	170
Grade 4	4456	2679	1726	250	200	200+200	125
Grades 1- 3	3926	2267	1711	250		200+200	85
Kindergarten	3090	2070	1649	250		200+200	70

Maximum Family Tuition : \$9,120 This maximum rate does not include registration, activity fee or any other additional fees.

TUITION FEES PAYMENT OPTIONS: (Please choose one)

- Lumpsum payment**, Full tuition payment option, and if paid in full by first week of school, you are eligible for a discount of 2%.
- Monthly tuition** equals **1/10** of the annual sum. The first month's tuition and student fees can be paid by cheque or cash. For subsequent tuition payments, a voided cheque with a completed pre-authorized bank payment form must be submitted to the school office no later than the first day of school.
- Monthly tuition** equals **1/12** of the annual sum. A completed pre-authorized bank payment form attached with a voided cheque must be submitted to the school office no later than June 15th, 2014. Payments will be debited from your bank account from July 1, 2014 through June 1, 2015.

OTHER FEES:

- Registration Fee** : \$150.00 per family must be submitted with application. This fee is non-refundable.
- Student Activity Fee** : _____ See grid above for appropriate fee for your child according to their (K - 12) grade.
- School Supplies** : _____ or **Binder Fees** _____ or **Locker Fees** _____ = _____ **(Total)**

DEPOSITS:

- Parent Participation Program**: Complete the PPP form and submit with two deposit cheques, postdated to January 31, 2015 and June 01, 2015, in the amount of \$200 each. Upon completion of 20 service hours, the cheques will be returned. (See PPP sign-up form for more information.)
- Text Book Deposit**: High school & Intermediate students are required to give a \$200 cheque per student or \$500 per family, dated June 01, 2015, as a textbook deposit. Cheque is returned when textbooks are returned in proper condition. (Not required for Primary students)

WITHDRAWAL:

- When a student voluntarily withdraws from the school for any reason, two (2) full school months notice must be given. In lieu of notice, a one (1) month tuition penalty will apply

I/We have read, understand and agree to pay all applicable fees as described above on the due date. I/We also understand and agree that failure to pay any fees by the due date may result in late fees and/or other penalties, including collection and legal fees.

Parent/ Guardian Name & Signature

Parent/ Guardian Name & Signature

Name(s) of child(ren)

Date



BC CHRISTIAN ACADEMY LEGAL RESIDENCY OF PARENT- FORM A

Student Name(s) _____

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

Lawfully admitted into Canada

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card of Parent)
- A landed immigrant (attach photocopy of landed immigrant status paper of Parent)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working 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)

Residency in British Columbia

2. I am a resident of British Columbia (please X one):

- Yes Residency address: _____

- No I am not a resident of British Columbia

Confirming Signature:

3. Parent's/legal guardian's Name: _____
- Parent's/legal guardian's Signature: _____
- Date: _____



Medical Declaration Form

C

STUDENT'S NAME: _____ BIRTHDATE: _____
(Please Print Clearly) year/month/day

EMERGENCY CONTACTS (Please list 2 people other than parents):

1. _____ Phone: _____
2. _____ Phone: _____

Personal Health Number: (MSP) _____ (obtainable after 3 months in BC)

BCCA Private Medical Insurance Policy #: _____ Coverage from _____ to _____
(Please note: Student must have adequate insurance coverage at all time. Private Medical Insurance is required until MSP coverage is obtained.)

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Please **fill in dates** of all past immunizations, including those given by doctor OR attach a copy of Immunisation Certificate

**DPTPH (Penta)(Diphtheria/
Acellular Pertussis/Tetanus/
Inactivated Polio/
Haemophilus Influenza Type B):**

- 1. _____
- 2. _____
- 3. _____
- 4. _____

HEPATITIS B:
1. _____
2. _____
3. _____

MMR (Mumps/Measles/Rubella):
1. _____
2. _____

**KINDERGARTEN BOOSTER
(DPTP) (Diphtheria/Acellular Pertussis/
Tetanus/Inactivated Polio:**

Date: _____

**VARICELLA (CHICKENPOX) for children
who have not already had Chickenpox, the disease:**

- 1. _____

You may have to contact your physician for a record if you do not have a copy of immunizations he/she has given your child. Please keep the health unit informed of any additional immunizations done after providing this record. The school's public health nurse would be pleased to discuss the student's immunization or any other health concern.

1. Is the student currently taking any medication on a regular basis? Yes No

Please provide the name(s) of the medication: _____

2. Will the need to take this medication while at school? Yes No

3. Does the student have a history of previous medical concerns or surgery? Yes No

Please provide details: _____

4a. Does the student have any known allergies? Yes No If yes, please name allergies: _____

4b Symptoms that student has experienced during an allergic reaction are: _____

5. Has the student ever suffered an allergic reaction that has caused him/her to experience breathing difficulties, dizziness, fainting, or shock?
Yes No Please provide details: _____

6. Has the student ever had need of oral (tablet or liquid) or injectable medication for an allergic reaction? Yes No
If "Yes" please contact the school for an additional form.

Please rest assured that if the student is in need of assistance for a medical emergency, the school will attempt to inform you immediately. The student will, however, be promptly cared for whether or not we are able to contact you.

In the case of a medical emergency the school will attempt to contact you, or the guardian, to pick up your child or for direction as to what action to take. If you or the guardian is unavailable; the emergency contacts will be notified. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parents/ guardians until successful.

Please use this space if there is anything else you want us to know about the student:

Parent's/Guardian's Name & Signature _____