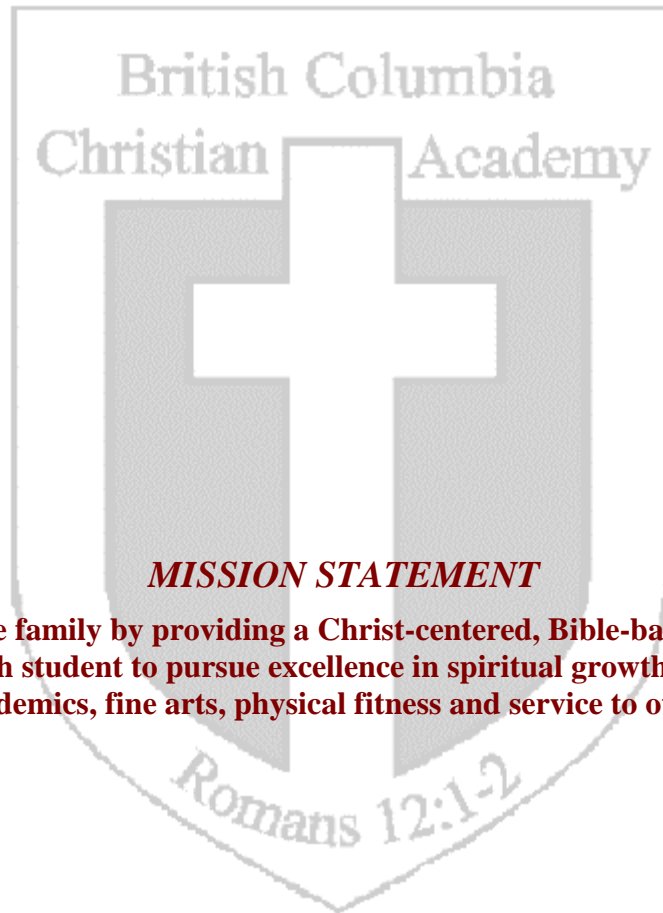




# British Columbia Christian Academy

## **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 2018-2019

(Tuition fees for 2019-2020 will be released in January 2019)

Grades	Oldest Child	Second Child	Third Child	Additional Children	PPP	Textbook Deposit	Student Fee
Grade 12	6400	3600	2100	500	400	200	325
Grade 11	6200	3600	2100	500	400	200	325
Grade 8-10	5800	3500	2100	500	400	200	325
Grade 7	5200	3200	2100	500	400	200	295
Grade 6	5200	3200	2100	500	400	200	220
Grade 4-5	4800	3100	2100	500	400	200	150
Grades 1-3	4200	3000	2000	500	400		100
Kindergarten	4000	3000	2000	500	400		100

**MAXIMUM FAMILY RATE:** 10,500

**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 15<sup>th</sup>, 2018. Payments will be debited from your bank account from July 1, 2018 through June 1, 2019.

**OTHER FEES:**

- Registration Fee** : \$150.00 per family must be submitted with application. This fee is non-refundable.
- Student Fee** : \_\_\_\_\_ See grid above for appropriate fee for your child according to their (K - 12) grade.

**DEPOSITS:**

- Parent Participation Program:** Complete the PPP form and submit with two deposit cheques, postdated to January 1<sup>st</sup> and June 1<sup>st</sup> 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.) Leave year blank so we can reuse for subsequent years if you complete all the PPP hours.
- Text Book Deposit:** High school & Intermediate students are required to give a \$200 cheque per student or \$500 per family, dated June 1, 2018, 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 \_\_\_\_\_