

BC CHRISTIAN ACADEMY

CHRIST | COMPASSION | COMMUNITY

LEARNING SUPPORT SERVICE

Student:	Incoming Grade:
Age: Birthday: _	
Dear Parent:	
and/or diagnosed with a disor Speech & Language Reading and Spellin Math computations Written Output Comprehension Memory and proces Socio-emotional cor Behavior (inattentio	
previous school, therapists, aryour child and have these subspace of School Reports on School Reports	neports from the School essment essment Report essessment/Report ent/Report ent/Report ent/Report ent/Report
shall keep said documents or	poort Service's roster is full. However, if you wish to go on a waitlist, we until such time we are able to act on your child's application. If we we shall return the documents. We assure you that we shall handle rictest confidentiality.
Parent Name:	Parent Signature:
By checking this box and typi	y name in the fields above, I am electronically signing my application