

## Application – Additional Child – Checklist

This checklist outlines our application process for families within our school who wish to enroll an additional child. If you have questions, please ask us. We are here to help.

### Step One – Apply

Complete and submit these documents to our office:

- Application for Registration
- Student Profile
- Copy of birth certificate or Canadian citizenship card for student
- Copy of most recent report card (if applicable)

### Step Two – Confirmation

- The Registrar will confirm enrollment



## Application for Registration – Additional Child

<b>For Office Use Only</b>	Date Rec: _____
Application <input type="checkbox"/> Student Profile <input type="checkbox"/> Birth Certificate <input type="checkbox"/>	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Waitlist <input type="checkbox"/>
Citizenship <input type="checkbox"/> Report Card <input type="checkbox"/>	

Requested start date at MRCS (mm/year): \_\_\_\_\_

### Student Information

Last Name: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Common Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate (dd/mm/year): \_\_\_\_\_ Grade: \_\_\_\_\_

### Household Information

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The student(s) will live with: Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

Primary Language spoken at home: English  Other: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Self-Employed: Yes  No

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Canadian Citizen  Permanent Resident  Other: \_\_\_\_\_

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Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Self-Employed: Yes  No

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Canadian Citizen  Permanent Resident  Other: \_\_\_\_\_

Marital Status: Married  Divorced  Widowed  Separated  Single

Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home: \_\_\_\_\_

**Family Information**

Do you have other children in grades K-12 enrolled elsewhere? Yes  No

Do you have other children under 5 years old? Yes  No

Name: \_\_\_\_\_ Birthdate (dd/mm/year): \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate (dd/mm/year): \_\_\_\_\_

How did you hear about MRCS: Friend/Family  Newspaper  Website  Other: \_\_\_\_\_

Is there someone we can thank for referring you to our school? \_\_\_\_\_

## Student Profile

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

City/Country of Birth: \_\_\_\_\_

Student Residency Status: Canadian Citizen:  Permanent Resident:

Student BC Personal Health No: \_\_\_\_\_

Student Social Insurance No: \_\_\_\_\_

Please list chronologically all previous schools attended, including Kindergarten.

School Name: \_\_\_\_\_ Date Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of School: \_\_\_\_\_

School Name: \_\_\_\_\_ Date Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of School: \_\_\_\_\_

What are your child's gifts, interests, hobbies, etc.?

\_\_\_\_\_

Describe your child's personality (outgoing, strong-willed, confident, shy, nervous):

\_\_\_\_\_

Has your child ever received a learning plan or Individual Education Plan (IEP)? Yes  No

If yes, please explain: \_\_\_\_\_

## Student Profile – Page 2

Has your child received any diagnostic testing? Yes  No  Dates of testing: \_\_\_\_\_

Is this information available to the school? Yes  No

Do any agencies such as the Child Development Centre, health clinics or speech pathologists have reports on your child? Yes  No  If yes, please attach a copy.

Has your child ever repeated a grade, been retained or suspended? Yes  No   
If yes, please explain:

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Describe any physical or emotional disabilities (allergies, heart, hearing impairment, speech impediment, nervous condition, etc.)

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What medical information would help us understand your child better (birth complications, speech, hearing, allergies, asthma, heart, vision, development, etc.):

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Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc.):

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Is there anything else you would like us to know about your child?

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The information collected on this form is used and disclosed by Maple Ridge Christian School in accordance with the Personal Information Privacy Policy for Parents and Students of MRCS, a copy of which is available from the school office.