

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

For Office Use Only	Date Rec:							
Application □ Student Profile □ Birth Certificate □ Citizenship □ Report Card □	Accepted: Yes □ No □ Waitlist □							
Citizenship L Report Gard L								
Description of the standard MDCC (respective extra								
Requested start date at MRCS (mm/year):								
Student Information								
Last Name:								
First: Midd	lle:							
Preferred Common Name:	Gender:							
Birthdate (dd/mm/year):	Grade:							
Household Information								
Primary Phone: Pri	imary Email:							
Address: City: _	Postal Code:							
The student(s) will live with: Parents \square Mother \square	Father □ Guardian □ Other:							
Primary Language spoken at home: English □ Othe	er:							
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 □ W	idowed □ Separated □ Single □
Family Doctor:	Doctor Phone:
Emergency Contacts	
	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/Fa	mily Newspaper Website Other:
Is there someone we can thank for referring	na vou to our school?



Student Profile

Student's Last Name:	First:	Middle:			
City/Country of Birth:					
Student Residency Status: Canadian Citiz	en: □ Permanent Resid	ent: □			
Student BC Personal Health No:					
Student Social Insurance No:					
Please list chronologically all previous sch	ools attended, including k	(indergarten.			
School Name:	Date Attended:	Grade:			
Address of School:					
School Name:	Date Attended:	Grade:			
Address of School:					
What are your child's gifts, interests, hobb	ies, etc.?				
Describe your child's personality (outgoing	g, 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 $\hfill\square$ No $\hfill\square$
Do any agencies such as the Child Development Centre, health clinics or speech pathologists have reports on your child? Yes \square No \square If yes, please attach a copy.
Has your child ever repeated a grade, been retained or suspended? Yes □ No □ If yes, please explain:
Describe any physical or emotional disabilities (allergies, heart, hearing impairment, speech impediment, nervous condition, etc.)
What medical information would help us understand your child better (birth complications, speech, hearing, allergies, asthma, heart, vision, development, etc.):
Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc.):
Is there anything else you would like us to know about your child?

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.