

Application Process - Checklist

We strongly encourage applicants to:

- Have a personal faith and commitment to Jesus Christ
- Have an active participation in the life of a Christian church
- Seek a Christ-centred education for their child

Step One – Apply

Please complete and submit these documents to our office:

- Application for Registration
- Student Profile
- Commitment Agreement
- Personal Information Parental Consent Form
- Parent Residency Form
- Pastor's Letter of Reference
- Copy of birth certificate or Canadian citizenship card for student
- Copy of birth certificate or Canadian citizenship card for parent
- Copy of most recent report card
- Application fee: \$100 per family (non-refundable)

Step Two – Placement Assessment

- The Registrar will arrange for your child to have an academic placement assessment
- Assessment fee: \$200 per family (non-refundable)

Step Three – Interview

- The Registrar will arrange a parent interview with the Lead Principal

Step Four – Confirmation of Enrolment

- The Registrar will confirm acceptance and request the following documents to complete enrollment:
 - Commitment Agreement
 - Tuition Payment Agreement
 - Pre-Authorized Payment Plan
 - Emergency Release Form
 - Emergency Release Form for Students Aged 16 or Older
 - Volunteer and Fundraising Connection

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Dear Parent,

Thank you for your interest in Maple Ridge Christian School. Our vision is to provide Christian education to transform the “whole” student—to nurture the heart, soul, mind and strength of your child. This is an innovative place of learning, where your child is challenged to reach their full potential in Christ.

Our school is also a community of families, teachers, students and staff. We believe it is critical to partner with parents who are committed to a Christian worldview and want a Christ-centered education for their child. We encourage parents to be active in school life. Together, we work to ensure MRCS is a respectful and mission-minded community where every student thrives.

Enclosed you will find our admissions package. If you decide to partner with us, we invite you to complete the application package and return it to our office. Once all the information is received, we will schedule a meeting with your family and the principal. We’ve included a checklist to help you in this process.

If you have any questions, please contact us. We are excited to meet you and partner with you to see hearts and minds transformed.

Sincerely,



Mr. Quentin Flokstra
Lead Principal

*“Love the Lord your God with all your heart and with all your soul
and with all your mind and with all your strength . . .
Love your neighbor as yourself.” Mark 12:30-31*

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Mission, Vision and Core Values

Mission: Why does MRCS exist? It's a big idea and a big mission.

Our mission is to provide Christian education to transform the whole student—and the world—for the glory of God.

Scripture: *We root ourselves in God's word. Our school verse sums up what we are about.*

Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength . . . Love your neighbor as yourself. Mark 12:30-31

Vision: *This is how our vision plays out. This describes what our staff focuses on every day.*

Our vision is to provide innovative Christian education in a mission-minded community where every student thrives.

Core Values and Discipleship Characteristics: *Our Christian staff incorporates ten discipleship characteristics into the curriculum to help our students understand how faith can be lived out.*

- God-worshippers – honor the Lord our God with grateful hearts
- image-reflectors – represent Jesus as His ambassadors
- community-servers – build peace and heal brokenness
- justice-promoters – identify injustices and become agents of change
- temple-keepers – care for our bodies as the temple of the Holy Spirit
- beauty-creators – praise God by creating beautiful things
- creation-caretakers – work diligently as stewards of God's creation
- order-discoverers – find harmony and order in God's creation
- idolatry-discerners – identify and understand the idols of our time
- truth-seekers – seek and proclaim truth in all areas of life

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Application for Registration

For Office Use Only	Date Rec: _____
Application <input type="checkbox"/> Student Profile <input type="checkbox"/> Commitment Agreement <input type="checkbox"/>	Interview Date: _____
Personal Information Consent <input type="checkbox"/> Parent Residency <input type="checkbox"/> Pastor Letter <input type="checkbox"/>	Time: _____
Birth Certificate <input type="checkbox"/> Citizenship <input type="checkbox"/> Report Card <input type="checkbox"/> Application Fee <input type="checkbox"/>	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Waitlist <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

Home 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: _____

Application for Registration – Page 2

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? _____

Application for Registration – Page 3

Statement of Faith

*Church regularly attending: _____

Name of Pastor: _____ Phone: _____

Please give a statement of your personal faith (what you believe and why).

Please explain who Jesus Christ is to you.

Why do you wish to enroll your child in Maple Ridge Christian School?

*Church affiliation is strongly recommended.

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:

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.

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Commitment Agreement

In making this application:

1. I understand and agree with the mission, vision and core values of the school and I have applied to MRCS because of my desire for my child to receive a Christ-centered education.
2. If my child's application is accepted, I agree to support the policies of the school and will submit to the authority invested by the board of trustees, the administration and the staff.
3. I understand that the school reserves the right to dismiss any student who does not respect the standards of the school as outlined in the Student/Parent Handbook or co-operate in the educational process. A copy of the handbook is available on-line.
4. I acknowledge my financial obligation to the school and will adhere to the policies related to tuition and school fees.
5. I will pray for and encourage students and staff.
6. I will support Maple Ridge Christian School through volunteering and fundraising initiatives to strengthen the community and ensure the long-term sustainability of the school.
7. I agree to provide a healthy study environment at home and understand that the school policy strongly recommends that our family attend a local church.

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Student's Commitment (to be completed by all students in grade 6-12):

1. I have read the mission, vision and core values of Maple Ridge Christian School. If my application is accepted, I will try my best to abide by the policies of the school and support the school's aim to provide a Christian atmosphere and learning program.

Students Signature: _____ Date: _____

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Personal Information Parental Consent Form

Student's Name: _____

In compliance with the Personal Information Privacy Act, Maple Ridge Christian School (MRCS) requires the consent of parent(s) or guardian to collect, store and utilize personal information. Please carefully read the information below and return this form to the Registrar.

1. I consent to having Maple Ridge Christian School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work numbers and email address, behavioral, academic and health information, most recent report card, emergency contact information, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of MRCS (1) for the purpose of establishing, maintaining, and terminating the student's or parents relationship with MRCS (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in MRCS's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to contractors, photographers and other service providers of MRCS.

Signature: _____ Date: _____

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information please contact the school office.

Maple Ridge Christian School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school. The school will securely store all digital and hard copy parent and student personal information.

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Parent/Guardian Residency Form

Parent/Guardian Last Name: _____

Student's Last Name: _____

The BC Ministry of Education requires this information for funding purposes. The Independent Schools Act requires that at least one of the parents of students for whom the Ministry issues a grant be a Canadian citizen, a landed immigrant or have a valid work permit and that one of the parents/guardians is a resident in the Province of British Columbia. For families in other situations, please contact the office.

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

1. I am (please select one):

- A Canadian Citizen (if not born in Canada, please attach copy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to Canada under one of the following documents (attach copy of documents):
 - Student authorization (student visa)
 - Employment authorization (working permit)
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other – document description:

_____ (must be cleared with Immigration Canada)

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

- Yes, I am a resident of British Columbia.
Resident Address:

- No, I am not a resident of British Columbia.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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Pastor's Letter of Reference

Dear Pastor:

This family has applied to register their child at Maple Ridge Christian School. We appreciate you providing a pastoral reference. Please fill in this form and return it directly to the school.

Family Name: _____ Date: _____

Church Name: _____ Phone: _____

Church Address: _____

How long have you known this family: _____

Are the parents members of your church? Yes No Other

Do the parents attend worship services? Regularly Occasionally Very Seldom

Are the parents active in church activities? Yes No

Please specify: _____

Where do you see this family's walk with Christ: _____

Other pertinent information: _____

Pastor's Name: _____ Signature: _____

Please return the completed form to: Maple Ridge Christian School
12140 – 204B Street
Maple Ridge, BC V2X 2Z5
Phone: 604-465-4442 Fax: 604-465-1685
Email: mrCS.office@mrCS.ca

All information will be respected with complete confidentiality. Thank you.