

Application Process Additional Child – Checklist

Before filling out this form, please save this package onto your computer. On most computers, you can go to **File** (in the top menu) and choose **Save As**. You will lose the information you fill in, if you do not save this document.

This checklist outlines our application process for 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 Enrolment
- 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 enrolment

Application for Enrolment – Additional Child

Requested start date at MRCS (mm/year): _____

Grade at requested start date: _____

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 Enrolment – cont'd

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): _____

Student Profile

Student's Last Name: _____ First: _____ Middle: _____

City/Country of Birth: _____

Student Residency Status: Canadian Citizen: Permanent Resident:

Student BC Personal Health Number: _____

Student Social Insurance Number: _____

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 – cont'd

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.

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: _____
MRCS accepts a typed signature for online submissions.

Parents Signature: _____ Date: _____
MRCS accepts a typed signature for online submissions.

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.

Student's Signature: _____ Date: _____
MRCS accepts a typed signature for online submissions.

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: _____

MRCS accepts a typed signature for online submissions.

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.