

## Application – 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 families new to our school. 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 Registration – Additional Child

**For Office Use Only**

Application  Student Profile  Birth Certificate   
Citizenship  Report Card

Date Rec: \_\_\_\_\_

Accepted: Yes  No  Waitlist

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 – Additional Child – 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: \_\_\_\_\_

**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:

\_\_\_\_\_

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.