



350B 30 St. NE
 Salmon Arm, BC V1E 1J2
 (Ph) 250-832-5200 (Fax) 250-832-5201

FOR OFFICE USE ONLY	
Date Rec'd: _____	Items Received: _____
Date Accepted: _____	___ Appl. fee
Interview Date: _____	___ Report cards
Testing Date: _____	___ Birth Cert
First Month's Tuition: _____	___ Med Info
Bus Service _____	___ Agreement

Grade 1-7 Application

Student Information

Legal Name: _____
First Middle Last

Name Used (if different): _____

Address: _____

City, Province, Postal Code: _____

Home Phone: _____ Cell Phone: _____

Sex: _____ Birth date: _____ Grade Applied For: _____ For Year: _____
DD/MM/YY i.e. 2015/2016

Child's Country of Birth: _____ Child's Citizenship: _____

Child's Social Insurance Number (if any): _____

School Last Attended: _____

Student if of Aboriginal Ancestry: _____ Living on Reserve: _____ If yes, indicate band code: _____

We live out of town and would be interested in bus service for our child

Family Information

Parents/Guardians Names: _____

Email address: _____

Marital Status: Married _____ Widowed _____ Divorced _____ Separated _____ Single _____

If separated or divorced, who has legal custody of the child? Joint Mother Father Other

If parents are separated or divorced a copy of the most recently issued Court Order providing custody status must be attached.

Father's Citizenship: _____ Mother's Citizenship: _____

Father's Employment: _____
Job Employer and Phone #

Mother's Employment: _____
Job Employer and Phone #

Emergency Contacts: (This should be a local person, someone who is usually home)

1. _____
Name Phone

2. _____
Name Phone

Other Children in family of school age if not applying:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Reason they are not applying: _____

Church Information

Father: Christian? _____ Yes _____ No Mother: Christian? _____ Yes _____ No

Church Attending: _____ Pastor: _____

Are you a member of this church? _____ Has applicant ever made a profession of faith in Christ? _____

Which most accurately describes your church attendance?

_____ Active in the church _____ Attend a few times per year

_____ Attend occasionally _____ Children attend Sunday School

Medical Information

Family Physician: _____
Name Phone

Is the applicant on any long term medication? _____ Yes _____ No **Care Card No.** _____

Explain: _____

Does the applicant have any physical limitations, serious or life threatening allergies, or medical conditions? _____ Yes _____ No

Explain: _____

Does the applicant have any contagious or infectious diseases that might affect their enrollment to another school? _____ Yes _____ No

Explain: _____

General Information

How did you hear about our school?

Please indicate your reasons for selecting this school. _____

In what ways do you expect our program to help your child? _____

Is there one person who was actively instrumental in your decision to enroll at King's Christian School?

Has the applicant ever been expelled, dismissed, suspended or refused admission to another school?

Explain: _____

Has the applicant ever had disciplinary difficulties? _____

Explain: _____

Has the applicant ever been in trouble with the law (arrested, etc.)? _____

Explain: _____

Has the applicant ever used tobacco or drugs of any kind? _____

Explain: _____

Please indicate the academic level of the pupil's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Has the applicant ever been retained or repeated a grade in school? _____

Explain: _____

Has the applicant ever received tutoring or Learning Assistance time in the past two years? If so, what subjects and how many sessions per week? _____

Parent Agreement

_____ I have read and agree with Article II (A.–D.) in the Society's Constitution outlining the purpose for King's Christian School. I am also supportive of the school's philosophy, aims, and objectives.

_____ I have read the Parent Handbook and fully understand the commitment I am making.

_____ I have discussed all items in the Handbook relating to students with my child. I understand the standards of dress, conduct and policies set forth by King's Christian School in the Parent Handbook, and agree to support and uphold these standards and policies.

_____ I agree to attend a parent orientation session following my child's enrolment at King's.

_____ I authorize this school to employ such discipline, as it deems wise and appropriate for my child and to cooperate when the school administration feels it is necessary to have a conference with both parents.

_____ I give permission for KCS staff to access student records for my child, to plan for, or deliver education, health, social or other support services.

_____ I realize that all students are expected to work to the best of their ability and are expected to follow the student rules of conduct. I understand that King's Christian School reserves the right to suspend or expel any student who fails to comply with the established regulations and discipline, or whose financial obligation remains unpaid after the due date.

_____ I realize that registration in some or all grade levels may be limited due to student numbers and limited space and am willing to place my child's name in a waiting pool if necessary.

_____ I give the school permission to use my child's photo on the website or in school advertising.

_____ I give the school permission to include my name and number in the school family phone directory. (This helps families to contact one another for purposes of car-pooling, etc.)

_____ I give my child permission to attend all in-town field trips. I understand that information will be sent home prior to each trip.

Signature of Mother _____

Signature of Father _____

Date _____

What Happens Next?

1. Return Application Form to KCS office and include:

- \$35 per child application fee
- Last 2 years of child's report cards
- Copy of child's birth certificate
- Signed Partnership Agreement

2. School will contact you to arrange a time for your child to come in for an assessment.

3. Once assessment is complete, school will contact you to arrange an interview with school Administration. We ask that both parents and applying student attend this interview.



LEGAL RESIDENCY OF PARENT - FORM A

(if parents are deceased, use Form B)

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

(Lawfully Admitted into Canada)

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - 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)

(Residency in British Columbia)

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

- Yes Residency address: _____

- No I am not a resident of British Columbia

Confirming signature:

3. Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____

Date: _____

Parent Observations Gr.1-7

Student Name: _____

Please rate your child with respect to each of the characteristics listed below by checking one or more items under each heading which most closely represents your evaluation.

Physical Condition

- Rugged and vigorous
- Good health
- Fairly healthy
- Somewhat below par
- Partially incapacitated due to physical disability
- Frequently incapacitated
- No observation

Emotional Stability

- Maintains balance and control Under difficult circumstances
- Well balanced and controlled
- Usually well balanced
- Somewhat overemotional
- Frequently worried, anxious, tense or nervous,
- Highly excitable
- Frequently depressed or discouraged
- Inclined to be apathetic
- No observation

Expression of Feelings

- Speaks well of others
- Tactful
- Non-argumentative
- Fault Finding
- No observation

Social Acceptability

- Sought by others
- Liked by everyone
- Liked by most people
- Tolerated by others
- Avoided by others
- No observation

Unselfishness

- Rarely fails to put interest of others first
- Consistently considerate of others
- Usually thinks of others first
- Frequently seeks own interest even though others may be hurt
- Thinks only of self
- No observation

Friendliness

- Warmly friendly with many
- Moderately friendly with many
- Quiet or shy
- Cliquish
- Easily offended
- Generally aloof
- Often sullen
- No observation

Teamwork

- Very effective in teamwork
- Works well with others
- Seldom cooperates with others
- Seeks to dominate
- Frequently causes friction
- No observation

Workmanship

- Extremely good workmanship
- Satisfactory workmanship
- Usually shows satisfactory workmanship
- Some work well done and some poorly done

Perseverance

- Perseveres in spite of difficulties
- Consistently completes tasks
- Usually carries on to finish
- Finishes easy tasks, but is easily discouraged by difficulties
- Starts but habitually does not finish tasks
- No observation

Following Orders

- Excellent in following orders
- Follows orders satisfactorily
- Sometimes follows orders, sometimes not
- Does things his/her own way regardless of others
- No observation

Self-Discipline

- Shows excellent self-discipline
- Shows good self-discipline
- Shows normal self-discipline
- Shows poor self-discipline
- Avoids difficult tasks
- Overindulgent
- Does not control temper
- Risks emotional stability with over self-discipline



FOR OFFICE USE ONLY	GRADE: _____
NAME: _____	
SCHOOL YEAR: _____	

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

TO BE COMPLETED BY PARENT/GUARDIAN		
Student Name:	Birthdate (yy/mm/dd):	
Parent/Guardian:	Home Phone:	Business Phone:
Physician:	Phone:	

TO BE COMPLETED BY PRESCRIBING PHYSICIAN - conditions which make medication necessary			
Name of Medication	Dosage	Directions for Use	Expiry Date
1.			
2.			
3.			
4.			
Additional Comments (possible reactions, consequences of missing medication, etc.)			
Physician's Signature: _____ Date: _____			

TO BE COMPLETED BY PARENT/GUARDIAN
<p>I request the school to give medication as prescribed on this form to my child whose name is recorded below. Medication to be provided by parent/guardian in the original container and replaced when outdated.</p> <p>Name of child: _____</p> <p><i>I will notify the school promptly of any changes in medications ordered.</i> Date: _____</p> <p>Signature Parent/Guardian: _____</p>

Each staff member who is responsible for the administration or supervision of the medication must review the information on this card, then date and sign below.		
Date	Signature	Comments (if any)

MEDICAL ALERT PLANNING FORM

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

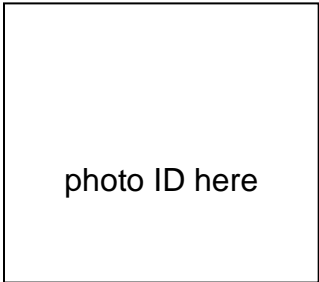
ONLY FILL OUT THIS FORM IF YOUR CHILD HAS A MEDICAL CONDITION

Student Name: _____	For School Year: _____
Birth Date: _____ (yy / mm / dd)	MSP #: _____
Parent/Guardian: _____	Home Phone : _____
Cell phone: _____	Business Phone: _____
Emergency Contact: _____	Phone: _____
Physician: _____	Phone: _____

Potentially life-threatening medical condition diagnosed as:

New Condition: Yes / No Date condition identified: _____
(yy / mm / dd)

Describe the potential problem: _____



PLAN WHILE IN THE CARE OF THE SCHOOL – to be updated annually and when the child’s condition changes. The plan is updated by the student/parent, in consultation with the family physician and reviewed with the Principal in consultation with public health nurse as needed.

Symptoms to watch for are: _____

Preventative measures: _____

Medication needed: Yes / No Name of Medication: _____

If yes, "Request for Administration of Medication at School" Form must be completed and provided to the school.

Emergency Plan for Staff to follow:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INFORMATION REVIEW by parent/guardian **TRAINING REVIEW**

(review minimum annually) - Sign and Date:

1. _____
2. _____
3. _____