



# West Coast Christian School

15 N. Renfrew Street, Vancouver. B.C. V5K 3N6

Phone 604.255.2990

Fax 604.255.2103

Please attach a recent head and shoulder photo of the applicant.

## APPLICATION FORM

This entire form is to be completed by the applicant's parent/guardian.

1. Student's full legal name <i>First (underline preferred name) Middle Surname</i>			2. Sex M <input type="checkbox"/> F <input type="checkbox"/>	
3. Phone	4. Birthdate <i>MM DD YYYY</i>	/ /	5. Birthplace <i>City Province/Country</i>	
6. Mailing address <i>house &amp; street City Province Postal Code</i>				
7. Parent email address			8. Primary language	
9. The student is a Canadian citizen <input type="checkbox"/> a permanent resident <input type="checkbox"/> on a student visa <input type="checkbox"/>				
10. Parent/guardian name(s) <i>Father First Name Father Surname Mother First Name Mother Surname</i>				
11. Parent/guardian address <i>(if different from above) Street City Province Postal Code</i>				
12. Student lives with father <input type="checkbox"/> mother <input type="checkbox"/> both <input type="checkbox"/> legal guardian <input type="checkbox"/> other <input type="checkbox"/>				
13. Has a court order been made concerning the care or custody of the student? Yes <input type="checkbox"/> ( <i>attach</i> ) No <input type="checkbox"/>				
14. Father occupation		Place of business	Phone	
15. Mother occupation		Place of business	Phone	
16. Name of church currently attending				
17. Grade applying for		18. Do you have other children currently attending WCCS? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If yes, please list name(s) and grade(s):

### **FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Interview Date/Time \_\_\_\_\_

Interview Completed \_\_\_\_\_

Principal Signature \_\_\_\_\_

Principal: David Ferguson Email: [principal@westcoastchristianschool.ca](mailto:principal@westcoastchristianschool.ca) [www.westcoastchristianschool.ca](http://www.westcoastchristianschool.ca)

Member of Federation of Independent Schools of British Columbia & Association of Christian Schools International

19. Name of student's present school	<i>phone / fax</i>
20. Address	<i>Street City Province Postal Code</i>
21. List the student's interests and hobbies	
22. Has the student ever experienced social difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details.	
23. Does the student have special learning needs or require any educational support? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.	
24. What is the student's attitude toward spiritual matters?	
25. Why do you want your child to attend West Coast Christian School?	

**Protecting Your Personal Information**

WCCS collects and uses personal information to provide your child with the best educational services. The personal information on these forms is required in order to register your child and assist the school in making informed decisions on the appropriate placement of your child. This information will also allow WCCS to respond immediately to an emergency. WCCS commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent unless permitted under the Personal Information Privacy Act legislation.

Questions may be directed to our privacy officer, Mr. David Ferguson at 604-255-2990.

**1. I/We consent to having West Coast Christian School collect, use and disclose this personal information as outlined above:**

\_\_\_\_\_ Parent/legal guardian signature

**2. I/We consent to having photographs and work samples of my child(ren) used by WCCS in the yearbook, newsletters, website, and other promotional material:**

\_\_\_\_\_ Parent/legal guardian signature

**3. The school may prepare a family phone list (car pool list, class list, etc.) for a family phone directory. If you DO NOT want your phone number and address included, please indicate:**

\_\_\_\_\_ No \_\_\_\_\_  
Parent/legal guardian signature



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## CODE OF CONDUCT

At West Coast Christian School we seek through word and action to create an environment of trust and mutual support in which each member of our community can grow. As a staff we are committed to the ongoing educational process of developing unique persons in a Christ-centered environment where faith is translated into action.

We all must learn to work individually and with others. Mutual respect, cooperation and sharing are important values and an important part of the learning process. There must be respect for God and His Word, for self, others, property and authority. Any overt behaviour that would demonstrate a lack of respect, such as cruel teasing, bullying, discourtesy, blasphemous language, vulgarity, vandalism, and stealing will be dealt with so that the well-being and security of everyone in the school is ensured.

Generally speaking, no attempt is made on the part of the school to supervise or control the out-of-school lives of its students. However, it is important for all students to follow the specific Code of Conduct included in the school handbook.

Involvement with alcohol and illegal drugs is a serious offence and all students are placed under a strict obligation to refrain from such use at all times and in all places. A breach of this guideline will normally result in disciplinary action ranging from suspension to expulsion.

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*To be signed by each student entering grades 3-12*

I, \_\_\_\_\_ am aware of the school's Code of Conduct and agree  
*Student name*

to abide by it and to support it to the best of my ability.

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Student signature

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Parent/Guardian Signature

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Date

(indicating I have read the Code of Conduct and discussed it with my child)



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## **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 a copy of court order appointing you as legal guardian.

### **1. I am (please X one):**

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to 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 counter foil in his/her passport)
  - Other - document description: (must be cleared with Immigration Canada) \_\_\_\_\_

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

- Yes      Residency address: \_\_\_\_\_  
\_\_\_\_\_
- No      I am not a resident of British Columbia

### **3. Confirming signature:**

Parent's/legal guardian's name: \_\_\_\_\_

Parent's/legal guardian's signature: \_\_\_\_\_

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



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## **LEGAL RESIDENCY OF PARENTS (Deceased) – Form B**

To be completed and signed by the student or a knowledgeable adult (one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document).

### **1. The student's deceased parent was at time of death:**

- A Canadian citizen
- A landed immigrant

### **2. The student's deceased parent was at time of death a resident of British Columbia (please X one):**

Yes      Residency address: \_\_\_\_\_  
\_\_\_\_\_

No Not a resident of British Columbia

### **3. Confirming signature:**

Student: \_\_\_\_\_

Knowledgeable adult's name: \_\_\_\_\_

Knowledgeable adult's signature: \_\_\_\_\_

(Knowledgeable adult is one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document)

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



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## MEDICAL INFORMATION FORM

School Year: \_\_\_\_\_

1. Student Name: \_\_\_\_\_ 2. Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_/  
month day year

3. Parent/Guardian Name: \_\_\_\_\_

4. Address: \_\_\_\_\_ 5. Home Phone: \_\_\_\_\_

6. Other phone numbers parents can be reached at:

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

7. Names and birthdates of other children in the family:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

8. Personal Health (Care Card) Number: /\_/\_/\_/\_/\_ /\_/\_/\_/\_/\_ /\_/\_/\_/\_/\_

9. Family Doctor: \_\_\_\_\_ 10. Phone: \_\_\_\_\_

11. Family Dentist: \_\_\_\_\_ 12. Phone: \_\_\_\_\_

13. List two people to contact in case of emergency (other than parents):

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

14. Please attach a copy of immunizations OR fill in the dates of past immunizations:

DPTP-Hib Diphtheria, Pertussis, Tetanus, Polio Haemophilus Influenza	MMR Measles, Mumps, Rubella	Hepatitis B
1.	1.	1.
2.	2.	2.
3.		3.
4.		
Booster		

Continued on reverse ...

Principal: Mr. David Ferguson E-mail: school@wccf.bc.ca Web Site: www.westcoastchristianschool.ca

Member: Federation of Independent Schools of British Columbia, Association of Christian Schools International

15. Does the student have any medical problem of which we should be aware (heart condition, diabetes, asthma, severe allergies, etc.)? Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

In case of asthma, epilepsy, etc. please give date of last incident: \_\_\_\_\_

16. Is the student currently taking any regular medication? Yes  No

If yes, provide name(s) of medication: \_\_\_\_\_

Will the student need to take this medication while at school? Yes  No

*Please note that the school cannot administer any medications without written parental permission.*

17. Does the student have a history of medical concerns or surgeries? Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Use the space below if there is anything else you want us to know about the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is the responsibility of the parent/guardian to inform the school about conditions or medical problems that could require emergency action by school staff.

If the student needs assistance in a medical emergency, the school will attempt to inform you immediately. The student will, however, be promptly cared for whether or not we are able to contact you. If you are unavailable the emergency contacts will be notified; necessary action will be taken while we keep trying to make contact with you.

Signature of parent/guardian: \_\_\_\_\_

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

\*Note: Please inform the school office if anything changes (address, phone numbers, & immunization records)



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## PARENTAL AGREEMENT

Students' Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

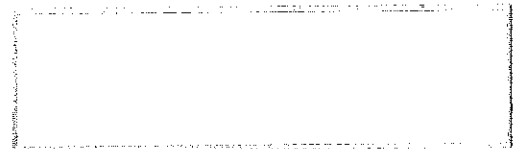
You have chosen to send your children to WCCS and by signing this form state that you are in agreement of and supportive of our Statement of Faith, Philosophy, and the standard we seek to uphold as well as the staff who implement them.

I/We have read the forms in this packet and are in agreement with the policies and procedures it outlines.

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_





## STUDENT IMMUNIZATION (VACCINATION) INFORMATION FOR SCHOOL

**Important: Please complete and return this form to your school.**

Dear Parent/ Guardian:

Under the BC *School Act*, the information you provide on this form will be made available to Vancouver Coastal Health Authority (VCH) medical health officers for public health programs. This information will be used to update your child's health record at VCH in order that: medical health officers may respond if a disease outbreak occurs in your child's school; public health staff can recommend vaccines which your child may be missing; and VCH is able to provide better care to your child as part of its public health programs.

### **PART A: CHILD AND FAMILY INFORMATION \*\*\*\*\* Please print clearly \*\*\*\*\***

School name \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_  
Surname Given Name Preferred Name

Sex  M  F Birthdate    Place of birth \_\_\_\_\_  
circle dd mm yyyy City Province Country

Child's personal health number (BC Care Card)

Home address \_\_\_\_\_ Postal code \_\_\_\_\_ Home phone \_\_\_\_\_

Father's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Mother's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Guardian's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Health care provider's name \_\_\_\_\_ Health care provider phone \_\_\_\_\_

### **PART B: CHILD'S VACCINATION INFORMATION**

**1. Has your child had chickenpox disease at 12 months of age or older?**

✓ check the correct answer  Yes  No

*Children who have not had chickenpox disease at 12 months of age or older need chickenpox (Varicella) vaccine.*

**2. ATTACH A PHOTOCOPY** of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record. Attach a copy of the original record as it appears in English or any language. Translations not required. Ensure your child's name and date of birth are written on each page.

**Please turn over for more information**

**THIS IS AN IMPORTANT NOTICE.  
PLEASE HAVE SOMEONE TRANSLATE IT.**

- AMHARIC (Ethiopia)** ይህ ጠቃሚ ግንባታውን ማውጣት ለህግ ሰው ያስተርጓሚዎልዎታል።
- BURMESE** ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်နိုင်ပါ။
- CHINESE** 這是一份重要通告，請找人為您翻譯。
- CROATIAN** OVO JE VAŽNO OBAVJEŠTENJE, ZAMOLITE NEKOGA DA VAM GA PREVEDE.
- FRENCH** CECI EST UN AVIS IMPORTANT. PRIERE DE LE FAIRE TRADUIRE.
- HINDI** यह एक बहुत जरूरी सूचना है। कृपया किसी से इसका अनुवाद कर लें।
- ITALIAN** QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.
- KHMER (Cambodia)** នេះគឺជាសំខាន់បំផុតសម្រាប់អ្នកស្រុកស្រាវជ្រាវសុខភាព ។
- KOREAN** 중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
- PERSIAN (Iran)** این یک اطلاعیه مهم است. لطفا از کسی بخواهید آن را برای شما ترجمه کند.
- POLISH** TO JEST WAŻNE ZAWIADOMIENIE. PROSZE KOGOŚ ABY JE PRZETŁUMACZYŁ.
- PUNJABI** ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਓ।
- SERBIAN** OVO JE VAŽNO OBAVEŠTENJE, ZAMOLITE NEKOGA DA VAM GA PREVEDE.
- SOMALI** KANI WAA OGEYSIIS MUHIIM AH. FADLAN QOF HA KUU TURJUMO.
- SPANISH** ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.
- TAGALOG (Philippines)** ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
- VIETNAMESE** ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỜ NGƯỜI DỊCH GIÚP.

Personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and Protection of Privacy Act. Statistical information may be provided to the Ministry of Health Services for healthcare planning, program evaluation and quality improvement purposes. We may contact you in the future to ask whether you would like to participate in the evaluation of the school immunization program. If you have any questions about the collection and use of this information, contact your local public health nurse or VCH's Information Privacy Office at 604.875.5568 or email us at [privacy@vch.ca](mailto:privacy@vch.ca)

For vaccination schedules and more information  
Call your local public health nurse or go to [www.immunizebc.ca](http://www.immunizebc.ca)

**Community Health Centres in Vancouver Coastal Health**

<b>Vancouver</b>	<b>Evergreen</b>	<b>Raven Song</b>	<b>Robert and Lily Lee Family</b>	<b>Pacific Spirit</b>	<b>South</b>	<b>Three Bridges</b>
	3425 Crowley Dr 604.872.2511	2450 Ontario St 604.709.6400	1669 East Broadway 604.675.3980	2110 West 43rd Ave 604.261.6366	6405 Knight St 604.321.6151	1290 Hornby St 604.736.9844
	<b>Richmond</b>	<b>North and West Vancouver</b>	<b>Squamish</b>	<b>Whistler</b>	<b>Pemberton</b>	
	8100 Granville Ave 604.233.3150	604.983.6700	1140 Hunter Place 604.892.2293 or 1.877.892.2231	202 - 4380 Lorimer Rd 604.932.3202	1403 Portage Road 604.894.6939	
<b>Coastal</b>	<b>Gibsons</b>	<b>Sechelt</b>	<b>Pender Harbour</b>	<b>Powell River</b>		
	494 South Fletcher Rd 604.886.5600	5571 Inlet Ave 604.885.5164	5066 Francis Peninsula Rd 604.883.2764	3rd Floor, 5000 Joyce Ave 604.485.3310		
<b>Central Coast</b>	<b>Bella Bella</b>	<b>Bella Coola</b>				
	250.957.2308 ext 229	250.799.5722				



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## STUDENT INFORMATION FORM

### NEW STUDENT INFORMATION SHEET FOR GRADES 6-12

The following questions are to be answered by the student in his/her own handwriting. If more space is needed, please attach a separate sheet, giving your name and the question number being answered.

Name: \_\_\_\_\_ Sex: M  F  Grade: \_\_\_\_\_

1. Do you want to attend WCCS? Yes  No

Why or why not? \_\_\_\_\_

\_\_\_\_\_

2. Do you complete your homework on time? Yes  No

3. a) What subject do you find most difficult? \_\_\_\_\_

b) What subject do you enjoy the most? \_\_\_\_\_

4. Are you a born again believer? Yes  No

5. Who is Jesus Christ in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you attend church on a regular basis? Yes  No

If yes, where? \_\_\_\_\_

7. What church activities are you involved in? \_\_\_\_\_

\_\_\_\_\_

8. Are you willing to abide by the guidelines outlined in the Code of Conduct?

Yes  No

continued on reverse...

Principal: Mr. David Ferguson E-mail: school@wccf.bc.ca Web Site: www.westcoastchristianschool.ca

Member: Federation of Independent Schools of British Columbia, Association of Christian Schools International

9. What was your average grade in school last year? \_\_\_\_\_

10. Have you ever failed a subject? Yes  No

11. Have you ever been suspended or expelled from school? Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

12. Do you plan to go on to post-secondary education? Yes  No  Undecided

13. What career path do you plan to follow after graduating? \_\_\_\_\_

\_\_\_\_\_

14. Do you have a job after school or on weekends? Yes  No  If yes, describe:

\_\_\_\_\_

15. Select three adjectives that friends might use to describe you: \_\_\_\_\_

\_\_\_\_\_

16. Have you ever used:

a) tobacco? Yes  No

b) illegal drugs? Yes  No

c) alcohol? Yes  No

If yes, please explain: \_\_\_\_\_

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back anything the Admissions Department should know.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

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