



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			2. Sex M <input type="checkbox"/> F <input type="checkbox"/>	
<i>First (underline preferred name)</i>			<i>Middle</i>	<i>Surname</i>
3. Phone	4. Birthdate / /	5. Birthplace		
	<i>MM DD YYYY</i>	<i>City</i>	<i>Province/Country</i>	
6. Mailing address				
<i>house & street</i>		<i>City</i>	<i>Province</i>	<i>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</i>		<i>Father Surname</i>	<i>Mother First Name</i>	<i>Mother Surname</i>
11. Parent/guardian address				
<i>(if different from above)</i>				
<i>Street</i>		<i>City</i>	<i>Province</i>	<i>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 _____

19. Name of student's present school	<i>phone / fax</i>
20. Address	
<i>Street</i>	<i>City</i>
<i>Province</i>	<i>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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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: _____

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. 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: _____

15. 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.

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

If yes, please give details: _____

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

18. Please attach a copy of immunizations OR fill in dates of immunizations on the next page:

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.

Please inform the school office of any changes in contact or medical information.

Signature of parent/guardian: _____ Date: _____



IMMUNIZATION (VACCINATION) INFORMATION FOR SCHOOL

Dear Parent/ Guardian:

Please complete and return this form when registering your child for school or you may complete this report online (www.vch.ca/child-immunization-report) and submit to Vancouver Coastal Health (VCH) directly. The information you provide will be used by VCH to keep a record of your child’s immunization history, to offer further immunization based on this history, and to respond to a communicable disease outbreak should it occur in a school.

CHILD INFORMATION	Date: _____
School Name: _____ Grade: _____	
Child’s Name: (Last) _____ (First) _____ (Preferred) _____	
Date of Birth: Day _____ Month _____ Year _____ Sex of child: _____	
Place of Birth: City _____ Province _____ Country _____	
Child’s (BC) Personal Health Card # _____	
Home Address: Suite/Apt: _____ Street: _____	
City: _____ Postal Code: _____	
Physician/Health Care Provider: _____ Office Phone # _____	

<p>PARENT/GUARDIAN NAME and CONTACT INFORMATION:</p> <p><i>Please provide contact information for at least one parent/guardian to enable a public health nurse to reach you if clarification or confirmation of any information is required.</i></p>
<p>Primary: Name: _____ Home: # _____ Mobile: # _____</p> <p>Work# _____ Email Address: _____</p>
<p>Alternate: Name: _____ Home: # _____ Mobile: # _____</p> <p>Work# _____ Email Address: _____</p>

<p>CHILD’S VACCINATION INFORMATION</p> <p>Please attach your child’s vaccination record with this form:</p> <ul style="list-style-type: none"> • BC Child Health Passport or other vaccination record (in the original language and in a translated English version). • Write your child’s name and date of birth on <u>each page</u>. • Tick here if you do not have a record of your child’s immunization history. <input type="checkbox"/>
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STATUS OF PARENT/GUARDIAN

Admission to Canada & Residency Form A (if parents are deceased, use Form B on reverse)

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. Lawfully Admitted into Canada

I am (please check one):

- A Canadian citizen
 - I was born in Canada.
 - I was not born in Canada. (attach photocopy of citizenship paper/card.)
- A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee or refugee claimant
 - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Valid employment authorization (work 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 under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
- Other - Document description: (must be cleared with Immigration Canada)

2. Residency in British Columbia

I am (please check one):

- I am a resident of British Columbia.
My address is: _____

- I am not a resident of British Columbia.

3. Confirming signature

Parent/legal guardian's name: _____
(please print full name)

Parent/legal guardian's signature: _____

Date: _____



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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 (please print)

signature

date

name (please print)

signature

date



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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 to you find most difficult? _____

b) What subject to 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

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| b) illegal drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) alcohol? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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: _____



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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, illegal drugs, tobacco or vapours 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.

To be signed by each student entering grades 3-12

I, _____ am aware of the school's Code of Conduct and agree to abide by it
Student name
and to support it to the best of my ability.

Student signature

I have read the Code of Conduct and have discussed it with my child.

Parent/Guardian Signature

Date



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ADMISSIONS PROCEDURES

1. Your application will be considered when the school receives all of the items on the checklist below, fully completed and signed:

- Application Form**
- Student Information Form** (students entering grades 6-12)
- Code of Conduct Form** (students entering grades 3-12)
- Medical Information Form**
- Immunization Record**
- Status of Parent/Guardian Form** and supporting documents if required
- Parental Agreement Form**
- Proof of age for each student (copy of birth certificate or passport)
- a copy of the most recent **report card/progress report** for each student

2. Once accepted, you will be contacted for an interview. At that time, we require the following:

- **A \$300 Registration Fee/Volunteer Deposit** (per family). This deposit guarantees your child's place in their class and is non-refundable, except upon the completion of 30 volunteer hours during the same school year.
- **Payment of tuition** by completing a Pre-Authorized Debit form (please provide a voided cheque or form from your financial institution with account information) for monthly payments **OR** by paying the annual tuition in a lump sum.