



PEACE CHRISTIAN SCHOOL

Preparing caring students

P.O. Box 2050
6189 Dokkie School Road
Chetwynd, BC VoC 1Jo
(250) 788-2044
www.peacechristianschool.ca

Student Application Form

Date of Application _____

School Year Applying for: _____

Grade Applying for _____

Legal Name _____

Usual Name _____

Date of birth (mm/dd/yy) _____

Gender: Male / Female (please circle one)

Personal Health No. _____

Mailing Address _____

City _____

Postal Code _____ Province _____

Home Phone _____

Residential Address _____

City _____

PARENT/GUARDIAN INFORMATION

Name _____

Relationship _____

Male Female Parental authority or guardian

Can pick up Lives with student

Receive mailings Receive email

Home Phone _____

Cell Phone _____ Work _____ E-mail
address _____

Property Address (if not living with student)

Street Address _____

City _____ Prov _____ PC _____

Mailing Address (if different than student)

PO Box _____

City _____ Prov _____ PC _____

PARENT/GUARDIAN INFORMATION

Name _____

Relationship _____

Male Female Parental authority or guardian

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Home Phone _____

Property Address (if not living with student)

Street Address _____

City _____ Prov _____ PC _____

Mailing Address (if different than student)

PO Box _____

City _____ Prov _____ PC _____

Cell Phone _____ Work _____ E-mail
address _____

EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached)

Emergency Contact 1 _____ Home phone _____ Work
Phone _____

Cell phone _____ Relationship _____

Emergency Contact 2 _____ Home phone _____ Work
Phone _____

Cell phone _____ Relationship _____

Emergency Contact 3 _____ Home phone _____ Work
Phone _____

Cell phone _____ Relationship _____

Emergency Protocol

In the event any student requires assistance in a medical emergency, we will take action as deemed necessary. Every effort will be made to inform the parent/guardian immediately. If the school is unsuccessful in reaching a contact person, we will keep trying to make contact with the parent(s)/guardian(s) until successful.

School personnel are unable to administer medications to students. As always, feel free to contact the school to discuss any concerns.

STUDENT LEGAL ALERTS – Court Order on File?

Description _____

STUDENT MEDICAL ALERTS Life Threatening? Doctor's Name _____ Phone _____

Epi-pen Inhaler Allergies _____

Description _____

OTHER STUDENT ALERTS – Health, family or other informational

Description _____

CITIZENSHIP (country) _____ **Visa Status** _____ **Expiration** _____

ABORIGINAL ANCESTRY (documentation may be needed to prove student's status)

Status on reserve Status off reserve Non-Status Metis

Band of Origin _____ Band of Residence _____ Status
No. _____

STUDENT'S TRANSPORTATION TO AND FROM SCHOOL (please check all that apply)

Parents' vehicle _____ PCS Shuttle Bus _____ SD Bus _____ Car Pool (with whom) _____

SCHOOLING

How would you rate your child's present school experience? (please circle one)

Academically: Very Good / Good / Average / Poorly / Very Poorly

Socially: Very Good / Good / Average / Poorly / Very Poorly

Last School Attended _____ Grade(s) Attended _____

School Address _____

School Phone Number _____

Reason for Leaving: _____

Has the Student ever been asked to leave a school or been refused enrolment? _____

If yes, please state reason: _____

Has the student received Special Education? Yes No

Has the student received Specialist Services? e.g. psychological, speech, etc Yes No

Does the student have any reports from the above services? Yes No

Has the student been diagnosed with ADD or ADHD? Yes No

If you answered, "yes" to any of the above four questions, please provide details:

Disabilities: e.g. intellectual, physical, behavioural disorder.

Learning or Behavioral Difficulties:

DOCUMENTS REQUIRED FOR REGISTRATION (please bring original documents)

- Birth Certificate
- BC Care Card
- Landing paper/citizen card if not born in Canada
- Proof of residential address (not PO Box) e.g. Utility bill
- Appendix II, Form A - Status of Parent/Guardian (Admission to Canada and Residency)

STATEMENT IN SUPPORT OF SCHOOL POLICIES

We acknowledge that by joining the school family, it is our responsibility to be familiar with and support the **school guidelines as outlined under our policies on www.peacechristianschool.ca**. We also understand that failure to meet our obligations to the school may result in the removal of the student from the school. We hereby state that we accept the Christ-orientated program offered at Peace Christian School.

Parent/Guardian Signature

Student Signature

PLEASE INITIAL ALL THAT YOU CONSENT TO, THEN SIGN & DATE THE BOTTOM OF THE PAGE.

RELEASE AND STORAGE OF PARENT PERSONAL INFORMATION

Peace 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(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

PRIVACY – STUDENT

I consent to having Peace Christian School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parent’s work numbers and e-mail address, behavioral, academic and health information, most recent report card, emergency contact name and number, 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 PCS (1) for the purpose of establishing, maintaining, and terminating the student’s or parent(s)’s relationship with PCS, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in the BC Conference and PCS’s Personal Information Privacy Policy, a copy of which is available upon request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of PCS.

This information is required in order to register your child at this school and assist the school administration 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, the privacy officer for PCS is the Principal, Darren Shankel. He may be reached at 250.788.2044.

RELEASE OF PHOTOGRAPHS/VIDEOS

I consent to having photographs and work samples of my child(ren) used by Peace Christian School in the yearbook, newsletters, other promotional material and social media for the school or the BC Conference Office of Education.

OFF CAMPUS ACTIVITIES

During P.E. and Service classes my child(ren) may be required to go off the school grounds to perform various duties; e.g. raking leaves, shoveling driveways, picking garbage, etc. I give permission for my child(ren) to participate in off grounds activities.

I, _____, certify that the above information is true and accurate.
(Parent/guardian of this student)

Parent/Guardian Signature

Date