



VALLEY CHRISTIAN SCHOOL

32721 Cherry Avenue,
Mission, BC V2V 2T8
Phone: 826-1388; Fax: 826-2744
Email: info@valleychristianschool.ca

International Student Application

DATE: _____

STUDENT INFORMATION =====

LEGAL NAME: _____
Surname Given names Canadian name (if applicable)

Sex: M ___ F ___ Student to be enrolled: In grade: _____
Citizenship Desired date of entry: _____
Month/Year

BIRTH PLACE: _____ BIRTHDATE: _____
Month/Day/Year

HOME ADDRESS: _____
(and mailing address if different)

E Mail Address: _____

FAMILY INFORMATION =====

FATHER: _____
Surname First Name

MOTHER: _____
Surname First Name

GUARDIAN: _____
Surname First Name

Occupation Business Name

Work Telephone Cell Phone # Citizenship

PLEASE TURN PAGE ...

HOMESTAY INFORMATION =====

(To be complete upon arrival to VCS)

FAMILY NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

NAME OF FAMILY DOCTOR: _____ PHONE: _____

MEDICAL INFORMATION =====

<p>HEALTH HISTORY</p> <p>Does your child have any of the following?</p> <p>1. Allergies or reactions (e.g. food/medication)yes ___ no ___</p> <p>2. Hay fever, asthma or wheezing/shortness of breathyes ___ no ___</p> <p>3. Eczema or frequent skin rashesyes ___ no ___</p> <p>4. Convulsions or seizures.....yes ___ no ___</p> <p>5. Heart trouble.....yes ___ no ___</p> <p>6. Diabetesyes ___ no ___</p> <p>7. Frequent colds, sore throats, earaches (more than 4).....yes ___ no ___</p> <p>8. Trouble with urinary or bowel systemsyes ___ no ___</p> <p>9. Visual problems (e.g. wears glasses or contacts)yes ___ no ___</p> <p>10. Speech problemsyes ___ no ___</p> <p>11. Menstrual problems.....yes ___ no ___</p> <p>12. Orthopedic concerns (e.g. braces, orthotics).....yes ___ no ___</p> <p>13. Dental concernsyes ___ no ___</p> <p>14. Other _____</p> <p>Comments on any of the above: _____</p> <p>_____</p> <p>15. Does your child take any medication regularly?yes ___ no ___</p> <p>If yes, what medication? _____ Reason: _____</p> <p>_____</p>

EMERGENCY CONTACT (must speak English): _____

HOME PHONE: _____ CELL PHONE: _____

MEDICAL INSURANCE PROVIDER: _____

CONTACT INFORMATION: _____

PLEASE TURN PAGE ...

PARENTS AGREEMENT=====

PARENTS ARE REQUESTED TO READ THE AGREEMENT BELOW AND SIGN IT.

I/We agree to have our child taught in the context of the VCS Statement of Faith and to give encouragement to him/her as he/she seeks to implement this instruction in his/her personal experience.

I/We hereby agree to accept all regulations of the school on the student's behalf.

I/We hereby agree to authorize the school to employ such discipline as it seems wise and expedient for my child.

I/We give permission for our child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from all liability to us or our child because of any injury to our child at school or during any school activity.

I/We understand the standards of VALLEY CHRISTIAN SCHOOL do not tolerate profanity, obscenity in work or action, dishonour to the Holy Trinity and the Word of God, or disrespect to school personnel.

Date

Father (or Guardian) signature

Mother (or Guardian) signature

PLEASE TURN PAGE ...

Valley Christian School – Parent Consent Form

Name(s): _____

General Consent

I/we consent to having VCS collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e mail address, behavioural, 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 VCS (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with VCS, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in VCS'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 agents, contractors and service providers of VCS.

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.

Vehicle Insurance Consent

I/we acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Promotional Consent

I/we consent to having photographs and work samples of my child(ren) used by VCS in the yearbook, newsletters, websites and other school promotional material.

School Directory Consent

I/we consent to having our family information (e.g. names, phone number, address, etc.) included in an internal school phone directory for the purposes of car-pooling, class lists, etc.

Signature: _____ Date: _____

Please sign and date. You may cross out and initial any section that you do not wish to consent to.

Valley 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.

Valley Christian School Privacy Officer:

Bob Barclay, Accounting Manager

STUDENT QUESTIONNAIRE =====

The following questions are to be answered by the applying student in English, to the best of his/her ability. If the student is unable to answer in English, the responses may be translated, but please indicate if this has been done.

NAME OF STUDENT: _____ GRADE ENTERING: _____

1. Why do you want to attend Valley Christian School? _____

2. How long do you plan to stay in Canada? _____

3. What are your hobbies? What types of extracurricular activities are you involved in? _____

4. What are some words your friends would use to describe you? _____

5. What is your past experience in learning English? (i.e. academies, previous trips to English-speaking countries, etc.)

6. What do you hope to learn during your time in Canada? _____

7. Do you agree to abide by the school and classroom guidelines, participate in school events, and respect teachers, staff, and fellow students? Yes No

Student Signature

Date

REFERENCE =====

Please have this form filled out by an adult who knows the student well, but is not a relative. This can include a pastor, teacher, coach, or family friend.

NAME OF STUDENT: _____

YOUR NAME: _____ DATE: _____

OCCUPATION: _____ EMAIL ADDRESS: _____

1. What is your relationship to the student? _____
2. How long have you known the student and his/her family? _____
3. Describe the student's family. _____

4. How does the student interact with peers? _____

5. How does the student respond to adults? _____

6. Is there anything we should know about the student concerning special challenges or problems? _____

7. How do you think the student will benefit by attending VCS? _____

8. How might VCS benefit from this student's attendance? _____

9. Additional comments _____

Signature

Please return this form with the rest of the application, or send it by mail directly to Valley Christian School.

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Mission, BC CANADA V2V 2T8

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