



Student Application

DATE: _____

STUDENT INFORMATION =====

LEGAL

NAME: _____
Surname Given names Name responds to

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)

Postal Code: _____ Telephone: _____

E Mail Address: _____

LAST SCHOOL ATTENDED: _____ Grade _____

School address: _____

EMERGENCY INFORMATION =====

Please fill out this information (this is important if your child should be injured or ill at school)

FAMILY DOCTOR _____ Phone _____

In case of emergency, if parents cannot be reached, call: (Please give two emergency numbers)

1. _____ Relationship to child _____
Name Telephone: _____

2. _____ Relationship to child _____
Name Telephone: _____

PLEASE TURN PAGE:

FAMILY INFORMATION =====

FATHER: _____
Surname First Name

Occupation Business Name

Work Telephone Cell Phone # Citizenship

MOTHER: _____
Surname First Name

Occupation Business Name

Work Telephone Cell Phone # Citizenship

(IF APPLICABLE)
GUARDIAN: _____
Surname First Name

Occupation Business Name

Work Telephone Cell Phone # Citizenship

REGISTRATION FEE SCHEDULE =====

FAMILY PLAN AS FOLLOWS:

First Child	\$125.00
Second Child	100.00
Third Child	75.00
Additional Children	50.00

Registration fee is **non-refundable**.

PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND MOST CURRENT REPORT CARD WITH THE RETURN OF THIS APPLICATION (if not previously handed in), OR BRING THEM TO THE OFFICE TO HAVE COPIED. THANKS!

PARENT'S 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. (See Parent Handbook)

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. (See Parent Handbook)

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 hereby pledge to pay our financial obligation to VALLEY CHRISTIAN SCHOOL on the date due.(See Parent Handbook)

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. (See Parent Handbook)

I/We will quietly withdraw our child from school when I/we no longer support the school.

I/We agree to the above.

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