



CHRISTIAN LIFE SCHOOL

8923 112th Avenue

Fort St. John, BC V1J 6G2

Phone: (250) 785-1437 Fax: (250) 785-4852

www.christianlifeschool.ca Email: office@christianlifeschool.ca

STUDENT REGISTRATION

New Student

Returning Student

Student # _____

Date: _____

Demographics

Grade _____

Legal Last _____

Legal First _____

Legal Middle _____

Usual Last _____

Usual First _____

Usual Middle _____

Gender _____ M / F

Date of Birth _____

Home Phone _____

Unlisted

Physical Address _____

Mailing Address _____

City _____

Province _____

Postal code _____

Heath Card # _____

Proof of Age _____

Previous School Information & Authorization for Release of Student Records (See reverse for details)

Previous District & School _____

Previous School's Address _____

Previous Grade Level _____

Student Legal Alerts - Court order Required Yes/No

Complete, Signed and Stamped order to be provided for file by parent.

Student Life Threatening Medical Alert (See Reverse for details)

Description _____

Other Student Alerts - Non Life Threatening Medical/Family or Other

Description _____

Immunization (See reverse for details)

Other Relevant Information - If applicable

Legal Custody _____ Living With _____ Court Order Yes/No

Citizenship

Country of Birth _____

Visa Status _____

Country of Citizenship _____

Visa Expiry Date _____

Declaration (See reverse for details)

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act (PIPA). If you have any questions about the information recorded on this form, please contact our School Administrator.

I hereby declare that the registration information provided on this document is true, correct and complete to the best of my knowledge. My signature also authorizes the release of student information and records from the previous school.

Parent/Guardian Signature _____

Language and Culture

Home Language _____

Language Most Used by Child _____

First Language of Child _____

Aboriginal Ancestry

Yes/No

If yes please indicate

Inuit Status on Reserve

Metis Status off Reserve

Non-Status

Band of Origin _____

Band of Residence _____

New Applicants:

A child applying for entrance into Kindergarten must be five (5) years old by December 31. A child applying for entrance into Grade 1 must be six (6) years old by December 31.

Enrolment procedure for New Students:

Step 1: Application - Parents are asked to fill out an application form prior to the interview.

Step 2: Interview - Parents are asked to set up an interview with the Principal to learn more about your child and to help you better understand CLS, its mission/values, educational programming and school policies. Please contact the school secretary at (250) 785-1437 to book an appointment.

Step 3: Student Assessment - CLS Staff may assess your child to better understand his or her strengths and learning needs to ensure correct placement.

Step 4: Registration - Upon acceptance, parents are to complete all registration forms and determine financial commitment to the school for tuition fees. Registration fees must be paid and all forms must be completed prior to student's attendance. Appointments can be made with the CLS bookkeeper to facilitate processing of fees. Please call her at (250) 785-1437 Ext. 223, or email accounts@christianlifeshool.ca to book an appointment with her at your earliest convenience.

Step 5: Acceptance - School Office requires one (1) week for processing form. Students are not permitted to attend school until all forms are complete, signed, and submitted. You will be contact by the school office with your child's start date.

Student Life Threatening Medical Alert - Please contact the office for necessary forms

Parents are required to fill out additional forms if your child has any of the following health concerns. In the case of "Medication" this is referring to medication the must be administered by school staff during school hours.

Anaphylaxis	Form A	Asthma	Form C	Other	Form E
Diabetes	Form B	Seizures	Form D	Medication	Form F

Immunization

It is important to protect your child against certain communicable diseases. In addition to recommended childhood immunizations that most children have received, the following immunizations are provided for grade 6 and grade 9 students at a school clinic: Hepatitis B, Meningococcal C, and Chickenpox. Human Papillomavirus (HPV) vaccine will be offered to all girls in grade 6.

A request for parental consent will be sent home prior to the school clinic. Following an immunization clinic at school, your child will be given a notice of immunization that can be added to his/her medical records at home.

By signing the front of this form, you consent to the following:

Previous School Information & Authorization for Release of Student Records Includes:

A copy of the most recent Student Report Card

Student File - including report cards, documents relating to custody or legal issues, non-confidential reports by professional staff or outside agencies, Student Conduct Review Committee letters, all safety concerns, all records pertaining to behaviors/violence, including all suspension letters, records of discipline matters and consequences/interventions and behavior plans

Permanent Student Record

Individual Education Plan (IEP) if there is one for the student

Special Services File - if there is one for the student, including any confidential or other documents pertaining to the above-named student from Area Support Team Members such as Phycologists, Social Workers, Speech Language Pathologists, etc..

Christian Life School Request for Consent to Personal Information (PIPA)

I consent to having Christian Life School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email 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 Christian Life School (1) for the purpose of establishing, maintaining, and concluding the student's or parent's relationship with Christian Life School, (2) prior to additional personal information being collected Christian Life School will specify its purpose, and (3) as otherwise provided in Christian Life School'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 Christian Life School.

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. For more information, the Privacy Officer for Christian Life School is Principal Garry Jones and can be reached at (250) 785-1437

I consent to having photographs and work samples of my child(ren) used by Christian Life School in the yearbook, CLS website, newsletters and other promotional material

I consent to my phone number and address being included in the phone tree. Christian Life School may prepare a phone list for the purposes of developing a phone tress in the event of an emergency in accordance with our Emergency Response Plan.

I consent to having my e-mail address given to the CLS PAT (parent advisory team) for the purpose of establishing a parent volunteer communication network.

Christian Life School CASL Request for Consent

Canada's anti-spam legislation (CASL) came into force on July 1, 2014. As a result CLS would like to ensure that we have your consent to send you electronic messages, which may contain advertising and/or promotions. These would include newsletters, announcements, field trips, fundraising, yearbooks, students pictures, tickets or similar events and offers.

Parent/Guardian #1

Parent/Guardian #2

First Name _____
 Last Name _____
 Gender M / F
 Relationship _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Email _____
 Lives with Student Y / N
 Address if different _____

First Name _____
 Last Name _____
 Gender M / F
 Relationship _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Email _____
 Lives with Student Y / N
 Address if different _____

Emergency Contact #1

Emergency Contact #2

First Name _____
 Last Name _____
 Gender _____
 Relationship _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Contact can pick up Y / N

First Name _____
 Last Name _____
 Gender _____
 Relationship _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Contact can pick up Y / N

In School Sibling Information

	First Name	Last Name
Sibling 1	_____	_____
Sibling 2	_____	_____
Sibling 3	_____	_____
Sibling 4	_____	_____
Sibling 5	_____	_____

	First Name	Last Name
Sibling 6	_____	_____
Sibling 7	_____	_____
Sibling 8	_____	_____
Sibling 9	_____	_____
Sibling 10	_____	_____

In the event you would like to decline any of the permissions included on this form, please indicate which one(s) and why.

Office Use

Proof of Age Attached

Family Courier Y / N

Initial _____

Proof of Residence - Circle One

Initial _____

BCID - Credit Card Invoice - BCDL - Mortgage Statement - Municipal Tax Bill - Notary Auth. Letter - Rental Agreement - Utility Bill