



# CHRISTIAN LIFE SCHOOL

8923 112<sup>th</sup> Avenue  
Fort St. John, BC V1J 6G2  
Phone: (250) 785-1437 Fax: (250) 785-4852  
[www.christianlifeschool.ca](http://www.christianlifeschool.ca) Email: office@christianlifeschool.ca

## K - 9 NEW STUDENT REGISTRATION FORM 2022 - 2023

Date: \_\_\_\_\_

### DEMOGRAPHICS

Legal Last: _____	Home Phone: _____	Unlisted <input type="checkbox"/>
Legal First: _____	Physical Address: _____	
Legal Middle: _____	Mailing Address: _____	
Usual Last: _____	City: _____	
Usual First: _____	Province: _____	
Usual Middle: _____	Postal code: _____	
Date of Birth: _____	Health Card #: _____	
Gender: M / F	Physician: _____	
Grade: _____	Physician Contact Number: _____	

**STUDENT LEGAL ALERT - 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 - \*\*\*Please provide a copy of your child's birth certificate.\*\*\***

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.**

**Parent/Guardian Signature** \_\_\_\_\_

**LANGUAGE AND CULTURE** **ABORIGINAL ANCESTRY** Yes / No

Home Language _____	If yes please indicate	Inuit	Status on Reserve
Language Most Used by Child _____		Metis	Status off Reserve
First Language of Child _____		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@christianliveschool.ca](mailto:accounts@christianliveschool.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.

## PARENT/GUARDIAN INFORMATION AND EMERGENCY CONTACTS

### PARENT/GUARDIAN #1

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

### 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: \_\_\_\_\_

### EMERGENCY CONTACT #1 - Not a Parent

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ M / F  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Contact can pick up: \_\_\_\_\_ Y / N

### EMERGENCY CONTACT #2 - Not a Parent

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ M / F  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Contact can pick up: \_\_\_\_\_ Y / N

### IN SCHOOL SIBLING INFORMATION

	First Name	Last Name		First Name	Last Name
Sibling 1	_____	_____	Sibling 6	_____	_____
Sibling 2	_____	_____	Sibling 7	_____	_____
Sibling 3	_____	_____	Sibling 8	_____	_____
Sibling 4	_____	_____	Sibling 9	_____	_____
Sibling 5	_____	_____	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 - Birth Certificate
 Is this child the family courier
Y / N