



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

K - 9 NEW STUDENT REGISTRATION FORM 2023 - 2024

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** 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