

North Cariboo Christian School



School Admission Package Family & Student Forms

I. Family Information

Family Surname: _____ Application Date: _____

Father's name: _____ Mother's name: _____

Names and Ages of Children in family: _____

Home Phone Number: _____ Email: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Father's Occupation: _____ Place of Employment: _____

Work Phone Number: _____ Cell: _____

Mother's Occupation: _____ Place of Employment: _____

Work Phone Number: _____ Cell: _____

If both parents do not have the same contact information, please give the following additional information.

Name: _____ Home Phone Number: _____

Address: _____

Student(s) live(s) with: father mother both legal guardian other

Has a court order been made concerning the care or custody of the student(s)? Yes No

If yes, please attach a copy.

Is there anyone we should be aware of who your child may not leave the school with?

If so, who? _____

Do you understand the principle beliefs of the Christian faith? Yes No

Would you identify your family/ a parent/ your child as being Christian? OR At this point, we are not sure.

Do you attend Church? Yes No Church name: _____

Have you applied to NCCS before? ? Yes No Date: _____

Do you have any outstanding debts with NCCS? Yes No \$ _____

When are the best times for you and your family to attend an admission interview?

Circle all that work for you. Mon Tues Wed Thurs Fri Afternoons/Mornings

Please explain why you are interested in enrolling your child(ren) at NCCS.

If you have other school-aged children that will not be attending NCCS, please give a brief reason stating why. _____

Parent or Guardians Statement:

In completing this application, we understand and agree with the purposes of North Cariboo Christian School, and indicate that we are enrolling our child(ren) because of our earnest desire that he/she/they receive(s) a Christ-centered education. If our family is accepted by the school, we agree that our child(ren)'s education will be in harmony with the constitution and By-laws of the Society, the policies of the School Board, and we are entrusting the education of our child(ren) to the School, the Principal, and the Classroom Teacher. We have read and understand NCCS' Constitution, By-laws and Policies contained in the Admissions package.

Parents' or Guardians' signatures

2876 Red Bluff Road, Quesnel, BC V2J 6C7 Phone (250) 747-4417 Fax: (250) 747-4410

www.nccschool.ca Email: office@nccschool.ca

II. Legal Residency of Parent/Guardian

To be completed and signed by a parent or legal (court-appointed) guardian.
(if legal guardian, attach copy of court order appointing you as legal guardian)

1. I am (please [X] one);

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship papers/card)
- A landed immigrant (attach photocopy of landed immigrant status card)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box and attach photocopy of document)
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issue for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 - Other - document description: _____

2. I am a resident of British Columbia (please [X] one): Yes No

Residency address: _____

3. Is one or both parents or guardians a Canadian citizen or landed immigrant? _____

Native Ancestry: _____

Status: YES / NO

Band # _____

Non-Status: YES / NO

Your name: _____

Date: _____

Signature of Parent or Guardian: _____

III. Tuition Payment Form

Fee Schedule

Tuition can be paid all at once, in ten monthly instalments, or other regular payment schedules that are passed by the office. Fees must be paid in a timely manner.

Students attending NCCS	Tuition Equation	Monthly	Yearly Total
1 student in K-Grade 9	\$300	\$300	\$3000
2 or more students in K-Grade 9	\$400	\$400	\$4000 (cap)

We/I, understand our/my financial commitment to pay tuition fees to North Cariboo Christian School. In the event that we/I cannot meet that commitment, we/I will immediately notify the Business Administrator in the school office. We/I have read and understand both the Tuition Payment and Delinquent Tuition Payment Policies.

Tuition total for this school year: \$_____

We/I pledge to pay the tuition in the following manner:

- in one installment upon acceptance of enrolment
- in equal monthly installments (either post-dated cheques or cheque/cash brought into the office at the beginning of each month)
- other regular payment—please specify: _____

Name(s) of Parents/Guardians (or person who will be making the payments*)

Signature(s):

Date:

* Please note that tax receipts will be written to the name(s) indicated. Tax receipts will be issued by February of each year, based on the previous school year. Tuition is up to 100% tax deductible. This percentage may vary from year to year.

IV. Student Questionnaire

(To be filled out by all students entering **grades 7 and up**)

The following questions are to be answered by the student in their own handwriting. If there is not enough room, you may attach a separate sheet.

Name: _____ Grade: _____ Sex: M F

1. Do you want to come to North Cariboo Christian School? Yes No

Why or why not? _____

2. What is your best subject in school? _____

3. What is your hardest subject? _____

4. What is your favorite subject? _____

5. Do you plan to go on to post-secondary education (university, college, or technical school) after completing high school? Yes No Unsure

6. What type of career do you think you will go into after graduating? _____

7. Do you have a part-time job? Yes No

8. Do you go to church regularly? Yes No

9. Are you involved in activities at your church? Yes No

If yes, please give details: _____

10. Do you have a personal relationship with Jesus Christ? Yes No

11. Are you willing to abide by the NCCS Student Code of Conduct and the NCCS Dress Code included in this package? Yes No

Signed: _____ Date: _____

V. Student Information

Please complete one form for each student you wish to register at NCCS.

Student name: _____

Grade applied for: _____ Date of admission requested: _____

Date of Birth: _____ Place of Birth: _____

Birth Certificate Number: _____

Please photocopy your child's birth certificate and attach to this registration form.

Please list your child's extracurricular activities, interests and hobbies (ie: soccer, piano, etc)

Is there anything else you wish to tell the school about your child?

VI. Academic History

(Please complete all areas which apply to your child)

1. Schools attended: List the last three schools, starting with the most recent:

	<u>SCHOOL & LOCATION</u>	<u>DATES ATTENDED</u>
i)	_____	_____
ii)	_____	_____
iii)	_____	_____

2. Please include a copy of the most recent reports issued by the school presently attending.

3. Do you have any concerns regarding your child's academic progress or placement? If so explain. _____

4. Please provide contact number & names of your child's most recent teacher & principal.

Principal Name:

School Contact Number:

Child's Classroom Teachers' Name:

5. Has your child ever been expelled from their school program due to disciplinary issues?

6. Please indicate any social problems your child may have experienced in school.

7. Please indicate with an "x" whether or not your child has been seen/referred to any of the following:

YES	NO	
_____	_____	School district learning assistance teacher or counsellor
_____	_____	Speech/language pathologist
_____	_____	Occupational therapist
_____	_____	Physiotherapist
_____	_____	Mental Health
_____	_____	Child Development Center
_____	_____	Children's Hospital
_____	_____	Gateway Centre
_____	_____	Sunnyhill Hospital
_____	_____	Other (who/where)?

Please supply details for any of the above checked "yes" (ie. Reasons referred, length of time therapy was received, dates, etc). Use additional paper if needed.

8. Is your child currently receiving classroom supports? Yes No

a) Are they individually supported or in a group setting? _____

b) If so how often? _____

c) For what subject areas? _____

d) Does your child receive additional funding to support their learning needs?

VII. Child's Medical Information

Name of Student: _____
Surname First Middle

Date of Birth: _____ Sex: M F Grade: _____
Day Month Year

Hair Colour: _____ Eye Colour: _____

Distinguishing marks: _____

Address: _____

Postal Code: _____ Home #: _____

Cell#: _____

Father/Guardian _____

Home #: _____ Work #: _____

Mother/Guardian _____

Home #: _____ Work #: _____

Person(s) to contact in case of emergency:

1. _____

Phone #: _____

2. _____

Phone #: _____

Do you give permission for your child to be medically examined in case of an emergency? ____

Do you give permission for your child to be given Advil® or Tylenol® for headaches, pain, cramps, etc.? If yes what dose? _____

Medical Information cont.

Family Doctor: _____ Clinic: _____ Phone #: _____

Child's Personal Health Number: _____

Does your child have any of the following? (Please check)

Diabetes _____	Hearing Problems _____	Asthma _____
Seizures _____	Vision Problems _____	Allergies _____
Heart Condition _____	Contact Lenses _____	Inhaler _____
Epilepsy _____		

Please specify allergy: Mild or severe? Give details. _____

Please explain briefly above conditions: _____

Other: _____

Is your child on medication? _____ Name of medication: _____

Does your child require medication to be given **during** the school day? Yes No

Is your child able to participate in a full PE program? _____ If "no", an exemption note from your family physician will be required as PE is a mandatory subject at all grade levels. If conditions change throughout the school year, please inform the school.

Are your child's immunizations up to date? Yes No If yes, please attach a copy of immunizations or fill in the dates of all past immunizations below:

DTP-Hib Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza	MMR Measles, Mumps, Rubella	Hepatitis B
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	Booster _____	3. _____
4. _____		
Booster _____		

This form was completed by:

Name/Relationship: _____

Date: _____

North Cariboo Christian School



School Admission Package

Family & Student Forms

VIII. Character Reference Form

(for students entering Grade 4 and up)

**Please give this form to two references for them to fill out and fax or email straight to NCCS -
Fax: 250-747-4410 or Email: office@nccschool.ca**

_____ is applying for admission to North Cariboo Christian School.

I am a: Pastor Youth Worker Sunday School Teacher Other _____

Reference Name: _____

Church Address: _____

Ph #: _____ Email: _____

How long have you known the student or family? _____

Circle the words which best describe this student:

Tolerant	Spiritual	Loud	Follower	Flexible	Troubled	Articulate
Organized	Meek	Careless	Dramatic	Lethargic	Humble	Quiet
Tender	Shy	Neat	Sociable	Forgiving	Cheerful	Responsible
Rebellious	Sincere	Studious	Open	Loving	Devoted	Procrastinates
Proud	Leader	Joyful	Loyal	Vivacious	Defensive	
Congenial	Active	Creative	Friendly	Prompt	Easygoing	

Check the appropriate box	Very High	High	Average	Low	Very Low	Not Known
Academic Ability						
Social Adjustment to Peers						
Attitude Toward Authority						
Family Support						
Christian Commitment						
Leadership						

Indicate any special talents, skills, or leadership qualities you have observed: _____

In what areas of personality and performance would you like to see growth? _____

Do you recommend this student for acceptance at North Cariboo Christian School? Yes No

If you have any additional comments which might be helpful, please include them on the reverse side of this form. Thank you for your time and for caring about this student.

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	<u>SCHOOL & LOCATION</u>	<u>DATES ATTENDED</u>
iv)	_____	_____
v)	_____	_____
vi)	_____	_____

2. Please include a copy of the most recent reports issued by the school presently attending.

3. Do you have any concerns regarding your child's academic progress or placement? If so explain. _____

4. Please provide contact number & names of your child's most recent teacher & principal.

Principal Name:

School Contact Number:

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5. Has your child ever been expelled from their school program due to disciplinary issues?

6. Please indicate any social problems your child may have experienced in school.

8. Please indicate with an "x" whether or not your child has been seen/referred to any of the following:

YES

NO

School district learning assistance teacher or counsellor

Speech/language pathologist

Occupational therapist

Physiotherapist

Mental Health

Child Development Center

Children's Hospital

Gateway Centre

Sunnyhill Hospital

Other (who/where)?

Please supply details for any of the above checked "yes" (ie. Reasons referred, length of time therapy was received, dates, etc). Use additional paper if needed.

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Surname First Middle

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Day Month Year

Hair Colour: _____ Eye Colour: _____

Distinguishing marks: _____

Address: _____

Postal Code: _____ Home #: _____

Cell#: _____

Father/Guardian _____

Home #: _____ Work #: _____

Mother/Guardian _____

Home #: _____ Work #: _____

Person(s) to contact in case of emergency:

1. _____

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Do you give permission for your child to be given Advil® or Tylenol® for headaches, pain, cramps, etc.? If yes what dose? _____

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Seizures _____	Vision Problems _____	Allergies _____
Heart Condition _____	Contact Lenses _____	Inhaler _____
Epilepsy _____		

Please specify allergy: Mild or severe? Give details. _____

Please explain briefly above conditions: _____

Other: _____

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Does your child require medication to be given **during** the school day? Yes No

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Are your child's immunizations up to date? Yes No If yes, please attach a copy of immunizations or fill in the dates of all past immunizations below:

DPTP-Hib Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza	MMR Measles, Mumps, Rubella	Hepatitis B
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	Booster _____	3. _____
4. _____		
Booster _____		

This form was completed by:

Name/Relationship: _____

Date: _____

North Cariboo Christian School



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Organized	Meek	Careless	Dramatic	Lethargic	Humble	Quiet
Tender	Shy	Neat	Sociable	Forgiving	Cheerful	Responsible
Rebellious	Sincere	Studious	Open	Loving	Devoted	Procrastinates
Proud	Leader	Joyful	Loyal	Vivacious	Defensive	
Congenial	Active	Creative	Friendly	Prompt	Easygoing	

Check the appropriate box	Very High	High	Average	Low	Very Low	Not Known
Academic Ability						
Social Adjustment to Peers						
Attitude Toward Authority						
Family Support						
Christian Commitment						
Leadership						

Indicate any special talents, skills, or leadership qualities you have observed: _____

In what areas of personality and performance would you like to see growth? _____

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Did you remember ...

The following forms (*you should keep the handbook and other information pages for your files*):

- School Admission Forms Package
- Give out two character Reference Forms for Grades 4 and up
- \$100 Registration Fee

We also require the following information, where applicable, to accompany your completed application forms (*photocopies can be made at the school*):

- A copy of your child's last report card
- Documentation of student IEPs, support received, assessments
- Photocopy of your child's birth certificate
- Photocopy of your child's personal health card

The interview will take approximately 45 minutes to an hour. We ask you to bring your child(ren) applying to NCCS so we can meet your family. The interview panel generally consists of 3-4 people including; the Principal, the child's Classroom Teacher(s), the Student Support Director where applicable, and an Admissions Committee Member.

Thank you again, and we look forward to meeting with you soon!

