North Cariboo Christian School



School Admission Package

Family & Student Forms

I. Family Information

Family Surname:	Surname: Application Date:						
Father's name:		Mother's name:					
Home Phone Number:		Email:					
Home Address:							
		Postal Code:					
Father's Occupation:		Place of Employment:					
Work Phone Number:							
Mother's Occupation:		Place of Employment:					
Work Phone Number:		Cell:					
If both parents do not have	ve the same contac	t information, please give the following additional					
information.							
Name:		Home Phone Number:					
Address:							
Student(s) live(s) with:□ 1	father □ mother □] both □ legal guardian □Other					
Has a court order been ma	ade concerning the	care or custody of the student(s)? \Box Yes \Box No					
If yes, please attach a cop	y .						
Is there anyone we should	I be aware of who y	your child may not leave the school with?					
If so, who?							



Do you understand the principle beliefs of the Christian faith? \square Yes $ \square$ No
Would you identify \square your family/ \square a parent/ \square your child \square as being Christian? OR
☐ At this point, we are not sure.
Do you attend Church?
Have you applied to NCCS before?
Do you have any outstanding debts with NCCS?
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 the NCCS Handbook for Parents and Students contained in the Admissions package.

Signature of Parent or Guardian

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

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



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)

[]	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 counterfoil in his/her passport)							
[]	Other - document description:							
2.	l am	a a resident of British Columbia (please [X] one): [] Yes [] No							
Re	eside	ency address:							
3.	ls c	ne or both parents or guardians a Canadian citizen or landed immigrant?							
		Native Ancestry: Status: YES / NO							
		Band # Non-Status: YES / NO							
Yc	ur r	name: Date:							
Si	gna	ture 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.

	For School Year 2021-2022						
Students attending NCCS	Tuition Equation	Monthly	Yearly Total				
One	\$345	\$345	\$3,450				
Two	\$140	\$485	\$4, 850				
Three or more	\$ 65	\$550	\$5,500 (family 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 scho	ool year: \$
Tuition may be paid in th	ne following ways:
On or before th	e 1 st of each month, September—June, payments may be made:
[]	Automatic monthly or semi-monthly bank withdrawals.
	By E-transfer to <u>e-transfer@nccschool.ca</u> with what the payment is for in the message ine.
	At the office with cash**/cheque. If you opt to send payments with your child, please call he office to confirm it has been received.
[] E	By mail with cheque or money order.
In advance, pay	ments may be made:
[]	Cash** or cheque for the full year or ½ year at a time
ד []	Fen post-dated cheques (dated for the 1 st of each month, September—June)

- * 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.
- ** Cash amounts of \$3,000 or less will be accepted.

IV. Student Questionnaire



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

enough room, you may attach a separate sheet.						
Name: Gra	ade:	_ Sex:	□м	\Box_{F}		
Do you want to come to North Cariboo Christi 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 completing high school? ☐ Yes ☐ No ☐	,	y, colleg	e, or te	echnical	school) after
6. What type of career do you think you will go i	nto after gradu	iating? _				
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 Jes	us Christ?] _{Yes}] No	
11. Are you willing to abide by the NCCS Student	Code of Condu	ict and t	he NC	CS Dres	s Code i	ncluded in
this package?] Yes] No	
Signed:	Date	::				

The following questions are to be answered by the student in their own handwriting. If there is not



V. Student Information

Please complete one form for <u>each</u> student you wish to register at NCCS.

itudent name:
Grade applied for: Date of admission requested:
Date of Birth:Place of Birth:
Please list your child's extracurricular activities, interests and hobbies (ie: soccer, piano, etc)
s 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: SCHOOL & LOCATION DATES ATTENDED i) ii) iii) 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 distri	ct learning assistance	teacher or cour	nsellor	
	-	Speech/lang	uage pathologist			
	-	Occupationa	l therapist			
	-	Physiotherap	oist			
	-	Mental Healt	:h			
	-	Child Develo	pment Center			
	-	Children's Ho	ospital			
	-	Gateway Cer	ntre			
	-	Sunnyhill Ho	spital			
	-	Other (who/	where)?			
Please	e supply	details for any of the ab	ove checked "yes" (i	e. Reasons refer	red, length of time	e therapy
was re	eceived,	dates, etc). Use additio	nal paper if needed.			
8. Is y	our chile	d currently receiving cla	ssroom support?	Yes	No	
a) Are	they inc	lividually supported or i	n a group setting?			
b) If s	o how o	ten?				
		bject areas?				
		hild receive additional f				

Medical Information cont.

Date: _____



Does your child have any of the following? (Please check) Diabetes _____ 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? \square Yes \square 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? \square Yes \square No If yes, please attach a copy of immunizations or fill in the dates of all past immunizations below: DPTP-Hib MMR Hepatitis B Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella Polio, Haemophilus Influenza 3. _____ Booster Booster This form was completed by: Name/Relationship:

North Cariboo Christian School



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VIII. Character Reference Form

			_ is applyii	ng for	admission	to	North Ca	riboo	Christ	ian Scho		
I am a:	☐ Pastor	☐ Youth V	Vorker 🗆	Sunda	y School	Геас	her \square	Othe	r			
Refere	nce Name:											
Church	Address:						_					
Ph #:	_		Fn	nail:								
How lo	ng have you	u known the	student c	r fami	ilv?							
11000 10	ing have you	a Kilowii ciic	. student c	n raiiii								
c. 1												
		which best					1		1	_		
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ganized nder	Meek Shy	Careless Neat	Drama ⁻ Sociab		Lethargic Forgiving		Humble Cheerful		Quiet Responsible		+ '	
bellious	Sincere	Studious	Open		Loving		Devoted					
oud	Leader	Joyful	Loyal		Vivacious		Defensive		Procrastinates			
ngenial	Active	Creative	Friendl	у	Prompt		Easygoing					
neck the ap	nranriata	Vom	High	Avon	240	Lo		Voru		Not		
еск ше ар х	propriate	Very High	High	Aver	age	Lo	vv	Very Low		Not Known		
demic Ab	ility											
ial Adjust ers	ment to											
itude Tow	ard											
thority	t			+								
mily Suppo ristian Con				+		<u> </u>						
adership	miniment			+		 						
астэптр						1		ı		•		
Indicat	e any specia	al talents, sk	ills, or lead	dership	o qualities	you	have ob	serve	ed:			
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	rareas or ne	ersonality ai	ій регіогіі	iance	would you	J IIKE	e to see g	growi	.H:			

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



Did you remember to include...

files):
☐ School Admission Forms Package
🖵 \$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

The following forms (you should keep the handbook and other information pages for your

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!

Give them more
than an education
Give them a **foundation**for living