



Application Checklist

This checklist will help you to ensure that your application is complete with all required documents.

- Application for Admission**
- Pastor's Reference Form OR Family Spiritual Profile Form**
Please have your pastor or a church elder complete this reference form. If you do not have a church home, please complete the Family Spiritual Profile form.
- Copy of the child(ren)'s most **recent report card** (not required if your child is entering Kindergarten)
- Child(ren)'s Canadian Birth Certificate** (If your child was not born in Canada, please include a copy of his/her citizenship, landed immigrant, or visa papers.)
- Admission to Canada and Residency - Form A**
This form is required by the Ministry for every applying family. Please attach *proof of the parents' status* in Canada (eg. Canadian passport, Canadian Birth Certificate, Permanent Resident card, or Visa). Also, please attach *proof residency in BC* (eg. BC Driver's license, utility bill, or lease agreement)
- Parent Consent Form**
- Medical Information Form**
- Emergency Contact Form**
- Society Membership Form**
- Payment of Application Fee** (\$200 per family). Cheque or cash only please.

Once your application is complete, we will be able to consider you for an interview. If you have any questions regarding these requirements, please call the school office at (604) 435-3113.



Application for Admission

Student Information

Intended Start Date:

| Surname | Given Names | Name Used | Gender | Grade Applying For | Birthdate (dd/mmm/yy) |
|---------|-------------|-----------|--------|--------------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Father's Information

Surname: _____ First name: _____ Cell: _____

Occupation: _____ Employer: _____ Work: _____

Email: _____

Mother's Information

Surname: _____ First name: _____ Cell: _____

Occupation: _____ Employer: _____ Work: _____

Email: _____

Family Information

Address: _____ Home Phone: _____

Parent's Marital Status: Married Separated Divorced Widow(er) Single

Student lives with: Father Mother Guardian Name of Guardian: _____

Custody of Child(ren) if applicable: Sole Father Sole Mother Joint

Primary Language: _____ Citizenship: Canadian Permanent Resident Student Visa

Church Attended by Student/Family: _____ Pastor: _____

Would you accept placement for only one child if all could not be accommodated? Yes No N/A

Will you require after school care (3:00 pm – 5:30 pm)? Yes No Possibly

Application for Admission – Page 2

Family Information - Continued

| Siblings who will not be attending VCS – Name | Birthdate (dd-mmm-yyyy) | School Attending (if applicable) |
|---|-------------------------|----------------------------------|
| | | |
| | | |
| | | |

How did you hear about Vancouver Christian School?

Why do you want your child(ren) to attend Vancouver Christian School?

School Information

Students' current school/preschool: _____ Years Attended: _____

Address: _____ Phone: _____ Fax: _____

Any other school previously attended: _____ Years Attended: _____

Address: _____ Phone: _____ Fax: _____

Statement of Commitment

- I/We, the undersigned, understand the purpose of Vancouver Christian School as described in ARTICLE 4 of the Constitution and By-Laws of the Association, indicate that I/we enroll my/our child because of my/our desire that he/she receive a Christ-centered education. If accepted by the school, I/we agree that his/her education will be in harmony with the Constitution and By-Laws of the Association and the policies of the School Board and be subject to the authority invested in the classroom teacher and Principal. I/We have read the Constitution and By-Laws of the Association and am/are in full agreement with them and/or will support them.
- I/we agree to pay current tuition fees in advance, on the 1st day of each month, over the ten months from September through June of each school year.
- I/we understand that each family may be called upon for volunteer duties at Vancouver Christian School and agree to perform such duties.

I/we hereby certify that all information given on this application form is correct.

Signature: _____ **Date:** _____



Student Profile Form

Please tell us about your child(ren). This will help us establish how we can best meet your child(ren)'s needs.

| | | | |
|---|--|--|--|
| Child's Name | | | |
| Grade Applying For | | | |
| Academic | | | |
| Emotional, Spiritual, Social | | | |
| Disciplinary | | | |
| What are your child's interests and hobbies? | | | |
| Has your child ever been recommended for formal testing? | <input type="checkbox"/> Yes - <i>In what area?</i> _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes - <i>In what area?</i> _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes - <i>In what area?</i> _____ <input type="checkbox"/> No |
| Has your child ever received a formal diagnosis? | <input type="checkbox"/> Yes (<i>Please list diagnosis below</i>) _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>Please list diagnosis below</i>) _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>Please list diagnosis below</i>) _____ <input type="checkbox"/> No |
| Has your child received any of the following services? | <input type="checkbox"/> Learning Support <input type="checkbox"/> English Language Support <input type="checkbox"/> Learning Support <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Counselling <input type="checkbox"/> Psycho-educational Testing <input type="checkbox"/> Other _____ | <input type="checkbox"/> Learning Support <input type="checkbox"/> English Language Support <input type="checkbox"/> Learning Support <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Counselling <input type="checkbox"/> Psycho-educational Testing <input type="checkbox"/> Other _____ | <input type="checkbox"/> Learning Support <input type="checkbox"/> English Language Support <input type="checkbox"/> Learning Support <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Counselling <input type="checkbox"/> Psycho-educational Testing <input type="checkbox"/> Other _____ |

By signing this form, I give the Principal of VCS permission to contact any former schools of my child(ren), and verifies full disclosure of all information relating to the above areas. Note: Failure to knowingly and fully disclose may result in cancelling a child's registration.

Parent's Signature:

Date:



Medical Information Form

| | | | |
|---|--|--|--|
| Child's Name | | | |
| Care Card Number | | | |
| My Child has the following Health Conditions: | <input type="checkbox"/> Asthma <input type="checkbox"/> Allergy: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Asthma <input type="checkbox"/> Allergy: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Asthma <input type="checkbox"/> Allergy: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Vision Problems |
| The condition(s) are considered: | <input type="checkbox"/> Life-Threatening <input type="checkbox"/> Severe <input type="checkbox"/> Mild | <input type="checkbox"/> Life-Threatening <input type="checkbox"/> Severe <input type="checkbox"/> Mild | <input type="checkbox"/> Life-Threatening <input type="checkbox"/> Severe <input type="checkbox"/> Mild |
| My child requires the following medication: | | | |
| My child needs assistance/supervision to take this medication. | <input type="checkbox"/> Yes (An authorization form from the office must be completed) <input type="checkbox"/> No | <input type="checkbox"/> Yes (An authorization form from the office must be completed) <input type="checkbox"/> No | <input type="checkbox"/> Yes (An authorization form from the office must be completed) <input type="checkbox"/> No |
| Emergency Actions required for the above condition(s): | | | |
| Anything else the staff needs to know? | | | |
| My child is able to participate in the full P. E. Program. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent's Signature: | | Date: | |



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Emergency Contact Form

Emergency Contacts

In case of emergency or illness, the parents/guardian will be called first. If the parents/guardians can not be reached, the following people are authorized to pick up the child(ren):

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

In case of earthquake, the school requires an **out-of-province contact**. This contact will be called if the parents can not be reached.

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Medical Contacts

In case of an emergency do we have consent to contact the named doctor below or any other doctor at the hospital? Yes No

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____



Admission to Canada and Residency – Form A

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

(Lawfully admitted into Canada)

1. I am (please ✓ one):

- A Canadian citizen (please **attach** a copy of parent's birth certificate or citizenship paper/card).
- A Permanent Resident (please **attach** copy of parent's landed immigrant status paper or Permanent Resident card.)
- Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and **attach** a copy of document):
 - Admission as a refugee or refugee claimant
 - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
 - Valid employment authorization (work 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 under the authority of the Visiting Forces Act or as a accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia
 - Other – document description (must be cleared with Citizenship and Immigration Canada):

(Residency in British Columbia)

2. I am a resident of British Columbia (please ✓ one):

- Yes Please provide your address below:

| |
|--|
| |
| |

(Attach a recent copy of a utility bill, mortgage document, rental agreement or tax assessment, etc.)

- No I am not a resident of British Columbia

Confirming signature:

3. Parent/Legal Guardian's name (please print): _____

Parent/Legal Guardian's signature: _____

Date: _____

Children's Names (please print): _____



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Parent Consent Form

Parent Names: _____

Student Name(s): _____

1. I consent to the collection and disclosure of information collected by or on behalf of **Vancouver Christian School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Vancouver Christian School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **Vancouver Christian School's** Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of **Vancouver Christian 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 Vancouver Christian School is Ellen Freestone and may be reached at 604-435-3113.

Signature: _____ **Date:** _____

2. I consent to having photographs and work samples of my child(ren) used by **Vancouver Christian School** in the yearbook, newsletters, promotional material, and media releases.

Signature: _____ **Date:** _____

3. I consent to having my family contact information included in the school directory (which is available only to school families). The contact information will include: Child(ren)'s Name(s) and Parent's Names, Home Address, Home Phone Number, and Parent's Email Addresses. However, I wish to exclude the following contact information from the school directory:

Signature: _____ **Date:** _____

Release and Storage of Parent Personal Information

Vancouver Christian School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Signature: Ellen Freestone

Title: Privacy Officer (604-435-3113)



Vancouver Christian School Association



Society Membership Form

The Vancouver Christian School Association requires that each child enrolled at the school have **at least one parent/guardian registered as a member (Member or Associate Member)** of the Association. **A Member of the Association is in agreement with Article 4 (see reverse)** of the Constitution of the Vancouver Christian School Association. A member has voting rights at Association General Meetings, and is able to serve on school boards and committees.

An Associate member is not in agreement with Article 4 of the Constitution of the Vancouver Christian School Association. An associate member has the right to speak at Association General Meetings, but can not vote at Association General Meetings or serve on school boards or committees.

Please complete this section indicating your intent to become a Member *OR* an Associate Member.

| | |
|--|--|
| Lastname of Children at VCS and Carver | Firstnames of Children at VCS and Carver |
|--|--|

| | |
|--|--|
| Legal Parent Name (please print): | Legal Parent Name (please print): |
| Common Parent Name (if applicable) (please print): | Common Parent Name (if applicable) (please print): |
| <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Staff <input type="checkbox"/> Supporter | <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Staff <input type="checkbox"/> Supporter |
| <input type="checkbox"/> I am in agreement with ARTICLE 4 of the Constitution of the Association, and wish to become a member of the Vancouver Christian School Association. OR <input type="checkbox"/> I am not in agreement with ARTICLE 4 of the Constitution of the Association, and wish to become an associate member of the Vancouver Christian School Association. | <input type="checkbox"/> I am in agreement with ARTICLE 4 of the Constitution of the Association, and wish to become a member of the Vancouver Christian School Association. OR <input type="checkbox"/> I am not in agreement with ARTICLE 4 of the Constitution of the Association, and wish to become an associate member of the Vancouver Christian School Association. |
| Signature: | Signature: |
| Date: | Date: |

Constitution & By-Laws: Article 4

The basis of the Society is the Scriptures of the Old and New Testaments, the infallible Word of God, as explicated in the Reformed Creeds. On this basis, we affirm the following principles for Christian education:

THE BIBLE: That God, by His Holy Word, reveals Himself; renews human beings' understanding of God, of themselves, of others, and of the world; directs human beings in all their relationships and activities; and therefore guides His people also in the education of their children.

CREATION: That in their education, children must come to learn that the world and human beings' calling in it can rightly be understood only in relation to the Triune God who, by His creation, restoration, and governance, directs all things to the coming of His Kingdom and the glorification of His Name.

SIN: That because human sin brought upon all people the curse of God - alienating them from their Creator, their neighbours and the world, distorting their view of the true meaning and purpose of life and misdirecting human culture -- human sin also corrupts the education of children.

JESUS CHRIST: That through our Saviour Jesus Christ there is renewal of our educational enterprise because He is the Redeemer of, and the Light and Way for our human life in all its range and variety. Only through Him and the work of His Spirit are we guided in the truth and recommitted to our original calling.

SCHOOLS: That the purpose of the Christian school is to educate children for a life of obedience to their calling in this world as image-bearers of God; that this calling is to know God's Word and His Creation, to consecrate the whole of human life to God, to love all people and to be stewards in their God-given cultural tasks.

PARENTS: That the primary responsibility for education rests upon parents to whom children are entrusted by God and that Christian parents should accept this obligation in view of the covenantal relationship that God established with believers and their children. Parents should seek to discharge this obligation through school associations and school boards that engage the services of Christian teachers in Christian schools.

TEACHERS: That Christian teachers, both in obedience to God and in cooperation with parents, have a unique pedagogical responsibility while educating children in school.

PUPILS: That Christian schools must take into account the variety of abilities, needs and responsibilities of young persons; that the endowments and calling of young persons as God's image-bearers and their defects and inadequacies as sinners require that such learning goals and such curricula will be selected as will best prepare them to live as obedient Christians; and that only with constant attention to such pedagogical concerns will education be truly Christian.

COMMUNITY: That because God's covenant embraces not only parents and their children but also the entire Christian community to which they belong and because Christian education contributes directly to the advancement of God's Kingdom, it is the obligation not only of parents but of the entire Christian community to establish and maintain Christian schools, to pray for them, work for them, and give generously to their support.

EDUCATIONAL FREEDOM: That Christian schools, organized and administration in accordance with legitimate standards and provisions for day schools, should be fully recognized in society as free to function according to these principals.



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Family Spiritual Profile

Please complete this form if you do not have a church pastor/elder to provide a Pastor's Letter of Reference.

| Family Name: | Name of Child(ren): |
|--|---------------------|
| 1. What is your family background in regards to religion? | |
| 2. What is your experience with the Christian faith? | |
| 3. Describe your beliefs regarding Christianity. | |
| 4. Do you have any connections with Christians? How so? | |
| 5. How do you plan to support your child as he or she learns more about God at school? | |



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Pastor's Letter of Reference

Dear Pastor,

One of your families has applied to register their child/children at Vancouver Christian School. Would you please fill in this form and return it to the family or mail directly to:

Vancouver Christian School

3496 Mons Drive
Vancouver, BC
V5M 3E6

Phone: (604) 435-3113
Fax: (604) 430-1591
email: office@vancouverchristian.org

| | |
|--|---------------------|
| Family Name: | Name of Child(ren): |
| Pastor : | Phone: |
| Church: | |
| Address: | |
| 1. How long have you known this family? | |
| 2. How is this family involved in your church? | |
| 3. Please comment on this family's weekly church attendance. | |
| 4. Where do you see this family's walk with Christ? | |
| 5. Describe the child/children to the best of your knowledge. | |
| Additional comments that would be helpful to us as we consider this family for membership: | |
| Pastor's Signature: | Date: |