



# STUDENT APPLICATION FORM

## APPLICANT INFORMATION

**Student:** Usual Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Legal student name: \_\_\_\_\_  
Surname First Name Middle Name(s)

Address: \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
yy mm dd (Documents required if outside Canada)

BC Care Card Number: \_\_\_\_\_ (photocopy required)

Special Conditions: Please indicate if the applicant has any behavioural and /or learning difficulties which have been previously experienced and/or diagnosed and indicate if there have been any formal evaluations or assessments done

none, or:

\_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL HISTORY

Education obtained:

1. At home  What grades: \_\_\_\_\_ School last registered with: \_\_\_\_\_

2. In school  list below:

<u>School</u>	<u>Location</u>	<u>Grade(s)</u>

\* Include copy of latest report card

## FAMILY INFORMATION

INFORMATION	FATHER	MOTHER	LEGAL GUARDIAN (Legal Documents Required)
<b>Name:</b>			
<b>Address:</b> (If different from student)			
<b>Home Telephone #:</b>			
<b>Work Telephone #:</b>			
<b>Cell #:</b>			
<b>E-Mail:</b>			
<b>Employer:</b>			
<b>Occupation:</b>			
<b>Religious Affiliation</b> (other than SDA)			
<b>Baptized SDA?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Language spoken at home: \_\_\_\_\_

Applicant is fluent in English  Yes  No

Parents are:  Married  Separated  Divorced  Widow(er)  Single

Applicant Lives with:  Both parents  Father  Mother  Guardian

### PARENTAL COMMITMENT

In making this application:

1. I understand that the grade placement of my child will be made upon the recommendation of the principal/teacher.
2. I understand that I must communicate with the principal/teacher to report any situations affecting school and student learning.
3. I understand the financial policy and understand that I must notify the principal/teacher in advance of any necessary purchases or curriculum activities being pursued.
4. To the best of my knowledge the above questions are complete and correct.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\*All information collected on this form will be used solely by WCAS in accordance with the Personal Information Protection Act.

\*Any misleading or inaccurate information may render this application null and void, with enrolments resulting from this application being terminated.