

# Application for Admission



*For Office Use Only*

Date Received:	Application: Accepted / Denied	Principal Initial:
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## STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Middle Name(s):
Usual Last Name <i>(if different than legal last name)</i> :		Preferred First Name:
Residential Home Address:		
City:	Province:	Postal Code:
Mailing Address <i>(if different than residential home address)</i> :		
City:	Province:	Postal Code:
Home Phone No.:		Language Spoken at Home:
Gender: Male / Female		Birth Date:
Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No    Band Name: _____    Band Number: _____		
Status: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status		
Country of Birth:		Citizenship:
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		
Are there any custodial or legal arrangements regarding the student of which the school should be aware? <i>(copy of court/custodial documents should be attached)</i>		

### List previous schools attended (last one first):

School Name	Address	Grade(s) completed

### Other Children in family (list names in order of birth, oldest first):

Name	Date of Birth	M/F	Age	Grade	School attending

## PARENT OR LEGAL GUARDIAN INFORMATION

### MOTHER/GUARDIAN

Full Name			
Address (if different from student)			
Country of Birth			
Phone No. (if different from student):		Work Phone No.:	
Cell Phone No.:		Email Address:	
Do you wish to receive emails from the school that may include school updates, invoices, statements, pictures, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Place of Employment:	Occupation:		

### FATHER/GUARDIAN

Full Name			
Address (if different from student)			
Country of Birth			
Phone No. (if different from student):		Work Phone No.:	
Cell Phone No.:		Email Address:	
Do you wish to receive emails from the school that may include school updates, invoices, statements, pictures, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Place of Employment:	Occupation:		

## STUDENT ENROLLMENT

School Year Applying For \_\_\_\_\_ / \_\_\_\_\_

Desired Level of Entry: (please circle)	Primary	K 1 2
	Intermediate	3 4 5
	Middle School	6 7 8 9
Is ESL support required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student received Special Education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student received Special Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have any Specialist Reports? E.g. Psychological, Speech, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been diagnosed with ADD or ADHD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide any information about the student that you feel is important for the school to be aware of (spiritual, social, emotional, intellectual, physical development, etc.)		
Learning Difficulties: (Please provide details. An application for Learning Assistance will also be required.)		
Special Gifts/Talents: (Please provide details)		

## SCHOOLING

How is the student managing at school?		
Academically: <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poorly <input type="checkbox"/> Very Poorly		
Socially: <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poorly <input type="checkbox"/> Very Poorly		
Current School:	Grade:	Telephone:
Reason for Leaving:		
Previous School:		
Reason for Leaving:		
Has the student ever been asked to leave a school or been refused enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please state reason:		

## MEDICAL

Student's Personal Health Number (Care Card)	
Family Doctor's Name:	Family Doctor's Phone No.:
Family Dentist's Name:	Family Dentist's Phone No.:
Does the student have any medical conditions or history of which we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No (eg. Heart conditions, ADHD/ADD, diabetes, asthma, severe allergies, epilepsy/seizure disorders, bed wetting, sleep walking, etc. If yes, please provide details:	
In cases of asthma, epilepsy, etc. please provide date of last incident:	
Is the student taking any medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name(s) of the medication:	
Will the student need to take this medication while at school? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Please note that the school cannot administer any medications without written parental/guardian permission.</b>	
Please use this space if there is anything else you want us to know about the student:	
<p><b>Emergency Protocol</b></p> <p>In the event any student requires assistance in a medical emergency every effort will be made to inform the parent/guardian immediately. If the school is unsuccessful in reaching a contact person, we will take action as deemed necessary and keep trying to make contact with the parent(s)/guardian(s) until successful.</p>	

## FAITH OR RELIGIOUS AFFILIATION

Faith or Religion:			Denomination	
If Seventh-day Adventist, please complete the following:				
Baptized Member?	Yes	No	Membership at which Adventist Church?	Pastor's Name
Student				
Father				
Mother				
Guardian				
Church currently attending:			Pastor/Minister:	

## EMERGENCY CONTACT PERSON INFORMATION

<b>Emergency Contact #1</b> (if unable to reach parents)	
Relationship to Student:	
Home Phone No.:	Cell Phone No.:
Work Phone No.:	Does this contact have permission to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Emergency Contact #2</b> (if unable to reach parents)	
Relationship to Student:	
Home Phone No.:	Cell Phone No.:
Work Phone No.:	Does this contact have permission to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Out of Town Emergency Contact:</b>	
Relationship to Student:	
Home Phone No.:	Cell Phone No.:
Work Phone No.:	

## ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

At Avalon Adventist Christian Academy we believe that technology can be a powerful tool to enhance learning, enabling students to access information and collaborate with others across the school, community, and the internet. We believe all students, staff and parents must be good digital citizens by following standards of acceptable use when using either school-owned technology (software, hardware, network), or their own personal electronic device for school purposes or when connected to school board networks.

All students must have a current Technology User Agreement signed and in place prior to being allowed any school network or electronic device access. This declaration is an additional document that outlines the standards of acceptable use for students using a school board or personal electronic device. Once signed, it will act as an agreement between Avalon Adventist Christian Academy and the student/parent/guardian.

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Student name (please print)

Parent/Guardian name

This declaration must be reviewed and signed by both the student and their parent/guardian in order for students to use any electronic devices in a school. This may include a desktop or mobile computer, laptop, tablet, smart phone, Chromebook, or any other device that has access to the internet.

### Student Declaration

As a student at Avalon Adventist Christian Academy I value having access to technology to support my learning. I know that along with this privilege goes great responsibility. To demonstrate my commitment and understanding of the level of responsibility required, I have initialed each of the expectations and guidelines listed below.

***(Note: Each item must be initialed by the student and his/her parent or guardian to show that together they have reviewed each item and that the student will abide by the rules and expectations laid out for technology use.)***

Students may bring in their own personal electronic devices which may be able to connect to the school wireless network. When at school, all of the conditions below apply to electronic devices, whether owned by the school board or brought in by a student.

Student's initials

Parent/Guardian's initials

		I will only connect to the school wireless network with a personal device, and NOT to the school's wired network, nor any other (external) wireless network even though other networks from the neighbourhood might be visible inside the school.
		I will turn off all peer-to-peer (music/video/file sharing) software or web-hosting services on my device while connected to the school wireless network and respect the personal information of others.
		I will use electronic devices in class or school activities only with a teacher's permission and for appropriate purposes, including texting, IM, internet access, pictures, audio and video recording.
		I understand the security, care, and maintenance of any device I bring from home or use at school, is my responsibility. I will securely store my device when not in use.
		I understand the school is not responsible for the loss, theft, or damage of my personal electronic device. I am fully responsible for my property while it is at school, and I am responsible for school devices if borrowed and taken away from school.

		I will exercise appropriate security procedures at all times when using my own devices in conjunction with the school's wireless network.
		I understand that I have several electronic resources available to me that have been provided by the school board including a Google Apps For Education account. I agree that I will communicate with school board teachers and staff with officially sanctioned and provided tools and not personal accounts.
		I may use online communication and collaboration tools such as Google Apps For Education, Discovery Education and select Web 2.0 tools, etc. I will use them appropriately for learning purposes.

This is to certify that I (please print student's name), \_\_\_\_\_, have read, understand and initialed this document and will abide by all the acceptable use requirements set forth in this agreement. I agree that, should I fail to keep my commitment to upholding the standards listed above, I may have my school network and/or school computer privileges revoked either temporarily or permanently. I understand there may be other disciplinary consequences if I breach these school rules.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

### Parent/Guardian Endorsement

I have reviewed this document and initialed each paragraph with my child. I have discussed the importance of this agreement with my child. My child understands the expectations and responsibilities associated with the proper care and handling of personal devices while at school, as well as the appropriate and ethical use of technology at school. My child is clear that the consequences of not upholding his/her responsibilities will result in his/her technology privileges being withdrawn.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

### COMMENTS

How did you hear about our school?
Why do you want your child/children educated in a Christian School?
Are you prepared to support your child/children in doing regular homework? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to attend regular parent/teacher meetings and student led parent conferences? <input type="checkbox"/> Yes <input type="checkbox"/> No

## COMMITMENT

I/We, \_\_\_\_\_, certify that all of the information that I/we have provided is true and accurate.

(print name of parent(s)/guardian(s) of this student)

I/We accept the Christian education approach offered at Avalon Adventist Christian Academy and acknowledge that we will live in harmony with that philosophy.

I/We agree to read and support the policies and principles as written in Avalon Adventist Christian Academy's Handbook.

I/We also agree to support the administration, teachers and staff in their mission to administer and education and to support the mission, vision and practices of Avalon Adventist Christian Academy.

I/We also understand that failure to meet our obligations to the school may result in the removal of the student from the school.

I/We understand that acceptance of our child/children will depend on the outcome of an informal interview. Availability of space in the school, and completion of this application does not ensure admission to Avalon Adventist Christian Academy.

I/We, the parent(s) or guardian(s) of \_\_\_\_\_ also agree to be responsible for the payment of all fees and charges.

Student's name

\_\_\_\_\_  
Parent or Guardian's Name (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian's Name (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Student

## PRIVACY

I consent to having Avalon Adventist Christian Academy collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Avalon Adventist Christian Academy

1. For the purpose of establishing, maintaining, and terminating the student's or parent(s)'s relationship with Avalon Adventist Christian Academy,
2. For additional purposes identified when or before personal information is collected, and
3. As otherwise provided in the BC Conference and Avalon Adventist Christian Academy's Personal Information Privacy Policy, a copy of which is available upon request.

I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Avalon Adventist Christian Academy.

This information is required in order to register your child at this school and assist the school administration 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 Avalon Adventist Christian Academy is the Principal. The Principal may be reached at 250-949-8243.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you give permission for videos/photos to be taken at school of your child/children and/or work samples to be used by the school or BC Conference Office of Education for promotional/publication purposes?  Yes  No**

## PARENT CHECKLIST

Please include the following with your completed application:

- Copy of Birth Certificate or Immigration papers for child and parent
- Copy of Personal Health Number (Care Card) for child
- Immunization records for child
- Proof of address
- Details of resident status (passport, study permit etc.) for students born overseas
- Copies of the most recent school reports
- Completed Application Form



## LEGAL RESIDENCY OF PARENT – FORM A

*If parents are deceased use Form B*

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.)

### LAWFULLY ADMITTED INTO CANADA

I am (please check one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
  - A landed immigrant (attach photocopy of landed immigrant status paper)
  - Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below 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 issued 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 her/his passport).
    - Other - document description (must be cleared with Immigration Canada).
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### RESIDENCY IN BRITISH COLUMBIA

I am a resident of British Columbia (please check one):

- YES Residency address (not PO Box): \_\_\_\_\_

(Please 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

Parent/Legal Guardian's name \_\_\_\_\_

Parent/Legal Guardian's signature \_\_\_\_\_

\_\_\_\_\_  
Date

## LEGAL RESIDENCY OF PARENT – FORM B

To be completed and signed by the student OR a knowledgeable adult\*.

STUDENT NAME	FIRST NAME	MIDDLE NAME	SURNAME

### DECEASED PARENT WAS LAWFULLY ADMITTED INTO CANADA

The deceased parent was at time of death:

- A Canadian citizen
- A landed immigrant

### DECEASED PARENT WAS RESIDENT IN BRITISH COLUMBIA

The student's deceased parent was at time of death a resident of British Columbia (please check one):

- YES** (give full address)

STREET	CITY	PROVINCE	POSTAL CODE

- NO** They were not a resident of British Columbia.

### CONFIRMING SIGNATURE

\_\_\_\_\_

Student's signature

\_\_\_\_\_

Date

Knowledgeable Adult's Name \_\_\_\_\_

\_\_\_\_\_

Knowledgeable Adult's Signature

\_\_\_\_\_

Date

\* (Knowledgeable adult is one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.)

## **CONSENT FOR THE USE AND ROUTINE DISCLOSURE OF STUDENT INFORMATION**

Under British Columbia's *Personal Information Protection Act (PIPA)* personal information about a student cannot be released without the prior written consent of the parent or guardian. During the school year, it is the normal practice within our schools to publicize many of the positive things that occur. This information would include such things as:

### **Student's Name / No photo:**

- Displaying students' work from such activities as: science fairs, art projects, poster contests, bulletin board displays, school/board newsletters, electronic publications, etc. in the school, community and/or on the School/Board's website and other social media sites;

### **Student's Photo / No name:**

- Videotaping and/or photographing classroom/individual events, activities, school concerts, sports, awards and special events and sharing the videos/photographs with the local media and/or posting on the School/Board's website and other social media sites;

### **Exceptions:**

- Publications such as school yearbook where photographs and names will be used.

NOTE: In cases where names and photos are requested, i.e. School/Board's website, newspapers, media, etc., parents/guardians will be contacted for approval.

**CONSENT FOR THE USE AND ROUTINE DISCLOSURE  
OF STUDENT INFORMATION**

I have read the information pertaining to the use of personal information and I consent to the use and/or disclosure of this information for the purposes outlined.

Check one of the following choices:

For Print material:

- Yes
- NO (Please specify details below)

Electronic material

- YES
- NO (Please specify details below)

I **do not** consent to:

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Student Name (Please print)	
Date of Birth	
Signature of Parent/Guardian	
Date	

# AVALON ADVENTIST CHRISTIAN ACADEMY

P.O. Box 974 / 4640 Byng Road, Port Hardy, BC V0N 2P0

Phone: 250-949-8243 / Fax: 250-949-6770

## ELEMENTARY RECOMMENDATION FORM (TO BE FILLED OUT BY PRINCIPAL/GUIDANCE COUNSELLOR)

Student Name: \_\_\_\_\_

Recommendation:

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- Highly recommend
- Recommend
- Recommend with reservations
- Cannot recommend
- May require Learning Assistance

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

Please return form directly to school at earliest possible date. Thank you for your cooperation.

# AVALON ADVENTIST CHRISTIAN ACADEMY

P.O. Box 974 / 4640 Byng Road, Port Hardy, BC V0N 2P0

Phone: 250-949-8243 / Fax: 250-949-6770

## ELEMENTARY RECOMMENDATION FORM

(TO BE FILLED OUT BY AN INDIVIDUAL NOT RELATED TO THE FAMILY)

Student Name: \_\_\_\_\_

Recommendation:

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- Highly recommend
- Recommend
- Recommend with reservations
- Cannot recommend
- May require Learning Assistance

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

Please return form directly to school at earliest possible date. Thank you for your cooperation.

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P.O. Box 974 / 4640 Byng Road, Port Hardy, BC V0N 2P0

Phone: 250-949-8243 / Fax: 250-949-6770

## ELEMENTARY RECOMMENDATION FORM

(TO BE FILLED OUT BY AN INDIVIDUAL NOT RELATED TO THE FAMILY)

Student Name: \_\_\_\_\_

Recommendation:

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- Highly recommend
- Recommend
- Recommend with reservations
- Cannot recommend
- May require Learning Assistance

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

Please return form directly to school at earliest possible date. Thank you for your cooperation.