



ADMISSION APPLICATION FORM

FAMILY INFORMATION

Last Name: _____ Home Phone: () - _____

Address: _____ City: _____ Province: _____ PC: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Email: _____ Email: _____

Cell: () - _____ Cell: () - _____

Business Phone: () - _____ Business Phone: () - _____

Citizenship of parents: Canadian Other _____ Primary language spoken at home: _____

Marital status: Married Divorced Separated Widow(er) Single

If remarried, name of spouse: _____

Student lives with: Both Parents Father Mother Guardian: _____
Name

Church Affiliation of Parents/Guardians: _____
Home Church *Denomination*

Family Doctor: _____ Phone: () - _____

Family Dentist: _____ Phone: () - _____

Emergency contact information if parents cannot be reached:

Name *Relationship to Child* Phone: () - _____ Cell: () - _____

Name *Relationship to Child* Phone: () - _____ Cell: () - _____

Out-of-Lower Mainland Emergency Contact (in case of an earthquake):

Name *Relationship to Child* Phone: () - _____ Cell: () - _____

List all children you are enrolling at White Rock Christian Academy:

CHILD(REN) NAME(S)	GRADE	BIRTHDATE (DD/MM/YYYY)	GENDER	SCHOOL CURRENTLY ATTENDING

If you have a child enrolling in Kindergarten **next** September, please list name below:

Child's Name: _____ Gender: _____ Birth Date: _____

FAMILY INFORMATION CONTINUED

Why do you desire to enroll your child(ren) at White Rock Christian Academy? _____

Describe your church commitment and attendance pattern. _____

How would you describe your faith? _____

What strengths does your family offer to the school? _____

FAMILY REFERENCES

- Families attending the school who can vouch for your character: _____ *Name(s)*
- Pastor: Please have your pastor fill out the attached reference letter.

FINANCIAL COMMITMENT

I pledge to pay the tuition for the aforementioned child/children in the following manner:

- In full – within the first week of school with a 2% discount
- In two – installments on September 1st and February 1st
- Monthly – by pre-authorized payments on the 15th or 30th (forms at the office)
- Monthly – by post-dated cheques on the 15th or 30th

If someone other than yourself will be paying all or part of the tuition, please provide:

Name: _____ Phone: () _____
Address: _____ City: _____ Province: _____ PC: _____

Note: Signature required of person(s) other than parent paying tuition. _____
Signature *Signature*

PARENTAL COMMITMENT

In making this application,

- I agree with the vision of White Rock Christian Academy.*
- I agree to give one month's notice of withdrawal; or, in lieu of this, one month's fees.*
- I understand my financial commitment and will immediately notify the office if I cannot meet that commitment.*
- I have, to the best of my knowledge and ability, answered all questions truthfully and completely.*
- I hereby certify that I am a legal resident of British Columbia (for government approval).*

Date: _____ Signed: _____
Father or Guardian
Note: Both signatures required where applicable _____
Mother or Guardian

Each application must be accompanied by a non-refundable \$50 registration fee per student (to a maximum of \$100 per family).



WHITE ROCK CHRISTIAN ACADEMY

GRANDPARENTS' ADDRESS FORM

This year will represent our sixth annual Grandparents' Day. Please provide the following information so that we can keep your child(ren)'s grandparents up to date with relevant information about White Rock Christian Academy. In the event that your child(ren)'s grandparents are unable to attend Grandparents' Day, any family member or friend is welcome to attend in their place.

MATERNAL GRANDPARENT(S) FIRST & LAST NAME(S):

Telephone: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

PATERNAL GRANDPARENT(S) FIRST & LAST NAME(S):

Telephone: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

GRANDFRIEND(S) FIRST & LAST NAME(S):

Telephone: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

**The enclosed information is for White Rock Christian Academy school use only and will be kept confidential.*



WHITE ROCK CHRISTIAN ACADEMY

PASTORAL REFERENCE

Please fill in your information and have your pastor complete this form as part of your application.

Name of student(s): _____	Grade(s): _____
Name of Parent(s): _____	_____

The above-noted parents are seeking to enroll their child(ren) at White Rock Christian Academy. We would appreciate your cooperation in taking a few minutes to answer these questions:

1. How long have you known this family and in what context? _____

2. How well do you know the family? Very Well Well Casually
3. Does the family attend church regularly (at least 3 times per month)? Yes No
4. Are the parents active in church ministries? Please specify: _____

5. What is your understanding of the family's relationship with God? _____

6. Would this family be supportive of White Rock Christian Academy's Standard of Conduct? Yes No
7. Do you recommend this family's acceptance to White Rock Christian Academy?
 Yes No With Reservation: _____

Name: _____ Position Held: _____
Signature: _____ Date: _____
Church: _____ Phone Number: _____

Note: This applicant has applied for enrollment/re-enrollment at White Rock Christian Academy and their application will not be processed until we have receive this personal reference form. Please mail this form to:

White Rock Christian Academy Or fax it to: 604-531-1727
2265 152 Street
Surrey, BC
V4A 4P1

Thank you for your time and cooperation.



PERSONAL INFORMATION PRIVACY POLICY [B] – CONSENT FORM

Name(s): _____
Last Name Student Name(s)

The purpose of this consent form is to keep student information current and be in accordance with the Personal Information Privacy Policy implemented at White Rock Christian Academy September 2004.

GENERAL CONSENT

1. Upon acceptance to White Rock Christian Academy, I give consent to the school to collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail 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.
2. I further consent to the use and disclosure of information contained in the application forms and otherwise collected by or on behalf of White Rock Christian Academy (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with White Rock Christian Academy, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in White Rock Christian Academy's Personal Information Privacy Policy, a copy of which is available on request.
3. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers (e.g. Ministry of Education, Public Health Authority) of White Rock Christian Academy for the purposes listed above.

This information is required in order to register your child(ren) 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, please contact the school's Privacy Officer.

Signature: _____ Date: _____

PHOTOGRAPHY & WORK SAMPLES

4. I consent to having photographs, video and work samples of my child(ren) used by White Rock Christian Academy in the yearbook, newsletters, website, and other promotional material.

Signature: _____ Date: _____

PHONE DIRECTORY

5. I consent to having the following information included in the "school family" phone directory:

Home Phone Number Address E-mail

Signature: _____ Date: _____

White Rock Christian Academy 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.