



Application for Admission

INTERNATIONAL STUDENTS

A non-refundable \$83 Application Fee is payable with each Application submitted.
(Incomplete applications will be returned without being processed. Faxed copies cannot be accepted.)

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Middle Name:
Usual Last Name <i>(if different than legal last name)</i> :		Preferred First Name:
Residential Home Address:		
City:	Postal Code:	Province:
Home Phone No.:	Language Spoken at Home:	
Gender: Male / Female	Birth Date:	
Any Siblings Attending DLS?	If Yes, Sibling's Name/s & Grade/s:	
Student lives with:	Both parents	Mother Father Guardian 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>		

PARENT OR LEGAL GUARDIAN INFORMATION

	Mother	Father	Legal Guardian
Full Name			
Work Phone No.			
Cell Phone No.			
Email Address			
Place of Employment			
Occupation			
<i>Please fill out the information below if it is different than the student's</i>			
Home Phone No.			
Home Address			

For Office Use Only		
Date:	Application Fee R#:	Registration Fee R#:
Interview Date:	Acceptance Date:	Principal Initial:



Application for Admission cont.

INTERNATIONAL STUDENTS

STUDENT ENROLMENT

School Year Applying For _____ / _____

Desired Level of Entry: (Please circle)	Primary	K	1	2	3		
	Intermediate	4	5	6	7		
	Junior High	8	9				
	Senior High	10	11	12			
KINDERGARTEN APPLICANTS ONLY -Have there been any agencies (Infant Development Program or other supported child care) involved in the student’s development prior to school entry (birth until present time)? If yes, please provide details:						Yes	No
KINDERGARTEN APPLICANTS ONLY - Has the student required any additional supports in any childcare or after school care setting? If yes, please provide details:						Yes	No
KINDERGARTEN APPLICANTS ONLY - Has your child attended a pre-school or daycare? If yes, what is the name and address?						Yes	No
Up to the present time, has the student seen or had services provided or recommendations made from professionals or specialists such as (but not limited to) speech pathology, occupational therapy, counseling, etc.? If yes, please provide details. (A copy of reports, recommendations or evaluations must be attached)						Yes	No
Has the student received Special Education services or been placed on an IEP (Individualized Education Plan)? If yes, please provide details:						Yes	No
Has the student been diagnosed with ADD or ADHD? If yes, please provide details:						Yes	No
Is ESL (English as a Second Language) support required?						Yes	No
Does the student have any disabilities: e.g. intellectual, physical, behavioural disorder? If yes, please provide details:						Yes	No
Does the student have any learning difficulties? If yes, provide details. (An application for Learning Assistance will also be required.)						Yes	No
What Special Gifts/Talents does the student have? Please provide details.							



Application for Admission cont.

INTERNATIONAL STUDENTS

SCHOOLING

How is the student managing at school?						
Academically:	Very Good	Good	Average	Poorly	Very Poorly	
Socially:	Very Good	Good	Average	Poorly	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 enrolment?					Yes	No
If yes, please provide details:						
All information collected is treated in accordance with the school's Personal Information Privacy Policy (see page 5 of this application) which is available upon request. Any misleading or inaccurate information may render this application null and void, with admission being denied. It is important that we receive all details that will help us prepare to fully support your child.						



Application for Admission cont.

INTERNATIONAL STUDENTS

MEDICAL

Student's Personal Health Number (Care Card):		
Private Insurance Information (International Students):		
Family Doctor's Name:	Family Doctor's Phone No.:	
Does the student have any medical conditions, or history, of which we should be aware? (i.e. heart condition, diabetes, asthma, severe allergies, etc.)	Yes	No
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?	Yes	No
If yes, please provide the name(s) of medication:		
Will the student need to take this medication while at school?	Yes	No
*Please note that the school cannot administer any medications without written parental/guardian permission.		
Please use this space if there is anything else you want us to know about the student:		
<p>Emergency Protocol 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>		

EMERGENCY CONTACT PERSON INFORMATION

Name	Telephone No.	Relationship to the Student



Application for Admission cont.

INTERNATIONAL STUDENTS

PRIVACY CONSENT

I consent to having Deer Lake School 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 cards, 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 Deer Lake School

- (1) For the purpose of establishing, maintaining, and terminating the student's or parent(s)'s relationship with DLS and
- (2) For additional purposes identified when or before personal information is collected, and
- (3) As otherwise provided in the BC Conference of Seventh-day Adventists and Deer Lake School'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 Deer Lake School.

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 Deer Lake School is the Principal, Caren Erickson, and she may be reached at 604.434.5844.

Signature of Parent or Guardian: _____ Date: _____



STUDENT MEDICAL FORM FORM B

Student's Name		
Birthdate	Gender	<input type="checkbox"/> F <input type="checkbox"/> M

Does the student have any of the following:	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Vision Loss
<input type="checkbox"/> Epilepsy or seizures	<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Tuberculosis

Please list any existing medical conditions that the school staff should be aware of, please give date of last incident:

Please list any allergies including medications, food, or environmental, please give date of last incident:

Please list any previous surgeries or serious illnesses that may affect this student while at school:

In my opinion this child is physically and mentally able to attend school on a full time basis and has no medical conditions that would prevent this child from participating in school activities.

Physician's Signature Date

Physician's Address / Stamp



KINDERGARTEN REFERENCE FORM FORM C

Preschool/Daycare Teacher Evaluation Form

Your input on this form will give the Deer Lake School Admissions Committee valuable insight into the growth and development of this child. Deer Lake School desires to make the best determination of a student's developmental readiness for school. This reference is one tool we use in the process. Please return the form directly to our school office via email (admissions@deerlakeschool.ca), mail, or fax. We thank you for your time and comments.

STUDENT INFORMATION *(to be completed by the parent)*

Student's Name: _____ Date of Birth: _____

Permission is given to release the information below.

Parent Signature: _____ Date: _____ Phone: _____

STUDENT REFERENCE

(to be completed by the preschool/daycare teacher)

Independent Activities

Check those activities this child can perform independently

- | | | |
|--|---|--|
| <input type="checkbox"/> Button | <input type="checkbox"/> Uses scissors | <input type="checkbox"/> Holds pencil with proper grip |
| <input type="checkbox"/> Dress himself/herself | <input type="checkbox"/> Pick up toys | <input type="checkbox"/> Jump with feet together |
| <input type="checkbox"/> Hop on one foot | <input type="checkbox"/> Uses the bathroom | <input type="checkbox"/> Wash hands and face |
| <input type="checkbox"/> Catch a large ball | <input type="checkbox"/> Zip jacket or backpack | <input type="checkbox"/> Puts on shoes/boots |

Disposition/Temperament

Describe the ways in which this child demonstrates creativity:

Write four adjectives or characteristics, which you believe describe this child:

This child is (choose 2):

- Fun-loving
- Laid back
- Organized
- Likes to be in charge

This child needs (choose 1):

- A moderate amount of structure
- Lots of structure

Please rate the following statements as they apply to this child by marking the box under the desired selection. The child is not expected to have all the terms mastered before entering Kindergarten.

	Always	Mostly	Occasionally	Never
1. Makes and enjoys sharing with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Submits to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shows positive behaviour changes after correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adjusts to new situations and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty with his/her temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cries easily or uncontrollably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Enjoys playing with younger children versus children the same age or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Separates from parent without anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follows adult direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has urinary and bowel control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Knows the procedures for sanitary bathroom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Uses good table manners (i.e. uses utensils, chews with mouth closed, wipes mouth when needed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Uses tissue to blow his/her nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Finishes assigned tasks/responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Can stay on an assigned task for 10-15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Finds constructive things to do independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Listens without interrupting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Listens to a complete story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Follows oral directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Displays appropriate manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Displays positive attitude towards teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Talks with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Uses "baby talk"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Expresses himself/herself in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Remembers a song or TV commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Relates events of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Expresses interest in coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us anything else you wish us to know about this child:

Teacher Name: _____ Teacher Signature: _____

School/Daycare Name: _____ Phone Number: _____



EDUCATIONAL SUPPORT SERVICES FORM D

Student Information Form *(For students requiring Special Education and/or Learning Assistance)*

Student Name:	Current School Grade:
Current School:	
School Contact Person/Case Manager:	
Phone:	E-mail address:

Please indicate Educational Support Services currently in place for your child

- Special Education (please complete Sections 1 and 3)
 Learning Assistance (please complete Sections 2 and 3)

SECTION 1: SPECIAL EDUCATION

Does your child have a Ministry of Education category designation in any of the following?
 (Category will be indicated on your child's IEP)

- | | |
|---|---|
| <input type="checkbox"/> A (Physically Dependent) | <input type="checkbox"/> B (Deaf-Blind) |
| <input type="checkbox"/> C (Moderate Intellectual Disability) | <input type="checkbox"/> D (Chronic Health Impairment) |
| <input type="checkbox"/> E (Visual Impairment) | <input type="checkbox"/> F (Hearing Impairment) |
| <input type="checkbox"/> G (Autism) | <input type="checkbox"/> H (Severe Behaviour or Mental Illness) |
| <input type="checkbox"/> K (Mild Intellectual Disability) | |

Please indicate the support services your child receives in his/her current setting:

- | | | |
|--|-------|--------------|
| <input type="checkbox"/> Education Assistant Support | Name: | Phone/Email: |
| <input type="checkbox"/> Occupational Therapy | Name: | Phone/Email: |
| <input type="checkbox"/> Physiotherapy | Name: | Phone/Email: |
| <input type="checkbox"/> Speech-Language | Name: | Phone/Email: |
| <input type="checkbox"/> Teacher of Hearing Impaired | Name: | Phone/Email: |
| <input type="checkbox"/> Other: _____ | Name: | Phone/Email: |

Please provide copies of the following:

- Current IEP (including progress reports)
 Most recent Psycho-educational Assessment (cognitive, academic achievement assessment)
 Medical reports related to the diagnosis (genetics, pediatrician, neurologist, etc.)
 Behaviour and/or safety play (if any)
 Most recent speech-language, occupational therapy, physiotherapy, psychiatrist, etc. reports

Student cannot be considered for enrolment until all relevant documentation has been received.

SECTION 2: LEARNING ASSISTANCE

Does your child have a Ministry of Education category designation in any of the following?

(Category will be indicated on your child's IEP)

P (Gifted)

Q (Learning Disabilities)

R (Moderate Behaviour or Mental Illness)

No category designation indicated on IEP or SLP

Describe supports in place for your child (i.e. reading support programs, math support, technology, ELL support, enrichment programs, etc.)

Has your child received Speech-Language services?

Yes

No

If yes, when and why?:

Please provide copies of the following:

Current IEP or Student Learning Plan/Learning Support Plan (include progress reports)

ELL reports (include progress reports)

Most recent educational assessment (if any)

Behaviour and/or safety plan (if any)

Speech-language assessment report (if any)

Student cannot be considered for enrolment until all relevant documentation has been received

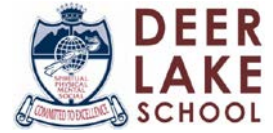
SECTION 3: STUDENT PROFILE *If you need more space, please add a separate paper.*

What is your child's history?

What are your child's strengths/gifts?

What are your child's needs/challenges?

How do you hope that DLS will partner with you to support your child?



STUDENT PROFILE FORM E

Grades 4-12 *(To be completed by the student)*

Your Name:	Grade Applying for:
Name of your parents or guardians:	
Do you know anyone at DLS? Please list their names:	
Do you want to attend DLS? Why or why not?	
What are your hopes/expectations if you are accepted to DLS?	
How will the school community benefit from you attending DLS?	
How would you describe your personality?	
Describe your strengths and areas of improvement both academically and socially: Strengths: Areas of improvement:	
Student Signature:	Date: