

Lakeview Christian School

Returning Student Registration Package



Student Name: _____ Grade: _____

ADMISSION POLICY

Lakeview Christian School (LCS) seeks to enroll students whose families desire Christian community and education. Both students and parents should be aware of LCS's Seventh-day Adventist Christian principles and agree to support the school's Christian approach to education.

Families wishing to apply for admission to LCS must complete an application package and submit all required documentation. Applications for admission will be evaluated based on previous student grades, attendance records, teacher/principal recommendations, parent cooperation and observation of the prospective student in academic and social settings. Please refer to the LCS Student Handbook for more detailed information concerning our admission policies.

ADMISSION CHECKLIST

Please complete and submit the following for each student who is applying:

- Complete Registration Package
- Payment of all school fees and first month of tuition
- School Uniform. Shirt size (please circle one): YXS YS YM YL AS AM AL AXL
- Grades 3-9 Choice of Band Instrument _____

FAMILY PAYMENT PLAN

Tuition and Fees	Monthly Tuition	Yearly Tuition	Discounted Tuition <small>(5% for full payment)</small>	Less Family Discount <small>(2nd Child 15%, 3rd Child 30%, Additional Children 50%)</small>	Total
Kindergarten – Grade 2	\$300	\$3000	\$2,850 / year		
Grade 3 - 5	\$325	\$3250	\$3,090 / year		
Grade 6 - 9	\$350	\$3500	\$3,325 / year		
Activity Fee			\$150		
Volunteer Commitment Fee			\$100		
Total School Fees					

Please choose one of the following options:

- Full Payment before the start of the school year for 5% discount.
- 10 Monthly installments dated for the 1st of each month.
- 10 Monthly payments online through Adventist School Pay.

Parent or Guardian Signature _____

Date _____



STUDENT REGISTRATION FORM

STUDENT INFORMATION

Legal Last Name		Legal First Name		Middle Name
Preferred Name			Gender (M/F)	Birthdate
Street number and address				City
Province	Postal Code		Country	
Home Phone	Cell Phone		Email Address	
Language spoken at home		Student lives with <input type="radio"/> both parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Other		
Are there any custodial or legal arrangements regarding the student of which the school should be aware? (attach copy of court/custodial documents)				
Faith or Religion			Denomination	
If Seventh-day Adventist, please complete the following:				
	Student	Mother	Father	Legal Guardian
Baptised Member Y/N				
Name of SDA Church				
Pastor				

PARENT OR LEGAL GUARDIAN INFORMATION

	Mother	Father	Legal Guardian
Full Name			
Work Phone			
Cell Phone			
Email			
Employer			
Occupation			
Home Phone			
Home Address (if not the same as above)			

SIBLINGS

Name	Age	Name	Age

Parent or Guardian Signature

Date



MEDICAL FORM

STUDENT INFORMATION

Student	BC Medical Services Plan #
Address	
Family Doctor's Name	Family Doctor's Phone Number
Private Insurance Company	Private Insurance Plan #
Does the student have any medical conditions or history of which we should be aware? (i.e., heart condition, diabetes, asthma, epilepsy severe allergies etc.)	
<input type="radio"/> Yes <input type="radio"/> No	
If yes, please provide details:	
Does the student have any ailments or issues that might affect participation in field trip activities? (i.e., ear infection, bronchitis, sinus infection, etc.)	
<input type="radio"/> Yes <input type="radio"/> No	
If yes, please provide details:	
Is the student taking any medications on a regular basis?	
<input type="radio"/> Yes <input type="radio"/> No	

If yes, please note that the school cannot administer any medications without written parental/guardian permission. If the student needs to take this medication while at school or on a field trip, detailed medication information must be filled out and signed by the parent or guardian. Please provide the medication to the staff or field trip supervisor, clearly labeled with the following: student name, medication name, reason for medication and dosage.

Name of Medication	Reason for Medication	Instructions	Dosage

By Signing below, I am requesting that staff or trip supervisors administer these medications as directed above.

Parent or Guardian Signature

Date

IN CASE OF EMERGENCY

I hereby request the physician selected by the trip supervisor to provide treatment for my child named above.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

ALTERNATE EMERGENCY CONTACTS

In case parents cannot be reached in an emergency

Contact Name	Home Phone	Cell Phone	Relationship to Student