

College Heights Christian School

www.collegeheightschristianschool.ca

5201 College Avenue Phone: 403-782-6212

Lacombe, Alberta Fax: 1-403-775-4123

T4L 1Z6

office@chcs.cc

2018-2019 New Student Application Form

Please submit with a copy of your child's

Birth Certificate

Report Card

Student Information

Legal Last Name: _____

Legal First Name: _____

Common Name: _____

Home Phone: _____

Student Email: _____

Student: Baptized SDA Member: Yes No

SDA Church Membership at: _____

Date of Baptism: _____

Entering Grade: _____

Citizenship: _____

Primary Language Spoken at Home: _____

Male Female

Birth Date: Month _____ Day _____ Year _____

Who Does Student Live With: (check one)

Both Parents Mom Dad

Other: _____

Parental/Guardian Information

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Mailing Address: _____

Physical Address: _____

(if different from _____

Mailing Address) _____

Church Affiliation: _____

SDA Church Membership at: _____

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Mailing Address: _____

(if different) _____

Physical Address: _____

(if different from _____

Mailing Address) _____

Church Affiliation: _____

SDA Church Membership at: _____

If parents are separated or divorced: correspondence is to be mailed to: Both Parents Mother only Dad only

Special Medical Information

Please describe any medical condition the student may have (e.g. Asthma, Diabetes, Epilepsy, Heart Condition, Haemophilia). Also, please note that the **medical form(s) which are available at the school office must be completed by the first week of school for any condition(s) noted.** I understand that it is my responsibility to update any changes in medical information regarding my child during the school year.

Condition(s): _____

Allergies: _____

Alberta Health Care Number: _____

Medical Treatment Authorization

As the Parent/Guardian of _____, I do hereby authorize the CHCS staff, in whose care my child has been entrusted, to consent on behalf of my child to the provision of any emergency medical treatment that may be required. I expect, however, that every effort will be made by those authorized, to reach me should such an event occur.

Signature of Parent/Guardian: _____

Date: _____

Local Emergency Contact Information (Other than Parent/Guardian)

Name: _____ Home Phone: _____
Relationship to Student: _____ Work Phone: _____
Cellular Phone: _____

Additional Information

If your child qualifies as an Aboriginal person, please specify: (Please provide a photocopy of their Status Card)

Status Indian/First Nation Non-Status Indian/First Nation Métis Inuit

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.

Pursuant to section 13 and 14 of the Personal Information Protection Act (PIPA), Level 2 accredited private schools in Alberta are collecting this information in order to develop policies, programs and services to improve Aboriginal learner success. This information will also be used to determine the provincial First Nations, Métis, and Inuit funding allocation available to the school and will be disclosed to Alberta Education accordingly.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Strategic Services Division, Alberta Education, 10155-102 St., Edmonton, AB T5J 4L5, 780-427-8501. If you have questions regarding the collection activity by Alberta Seventh-day Adventist Schools, please contact Janet Griffith, Superintendent of Education 403-342-5044 Ext. 214 or email at jgriffith@albertaadventist.ca.

Please indicate any special needs (Education/Social/Physical) your child may have:

Are there any family circumstances about which you wish the school to be aware?

Pre-School aged children in the family:

Name: _____ Age: _____ Name: _____ Age: _____

Bus Transportation

(Please review School Bus Fees and School Bus Service in the Policy Handbook)

Bus transportation required for your child? Yes No

If yes:

Bus transportation required daily / full-time? Yes No

Bus transportation will be needed but infrequently. Yes No

(20 ride bus pass required)

Provide physical address for pick up and drop off if different from your mailing address:

Statement of CHCS Purpose

College Heights Christian School is operated under the auspices of the Board of Education of the Alberta Conference of the Seventh-day Adventist Church. Its mission is to prepare young men and women intellectually, physically, spiritually and socially for service to God and their fellow men. Students enrolled at College Heights Christian School receive instruction in the Bible and its application to Christian living as part of the daily study program.

Statement of Parent and Student Cooperation

We, the undersigned,

1. agree to support College Heights Christian School, its teaching staff, and its programs.
2. are aware that if our child is not willing or able to comply with the rules and regulations, that options for the rest of the year include homeschooling, transfer, or withdrawal.
3. confirm that the information detailed in this application is true and correct.
4. recognize that this is an application form only, that admission is not guaranteed. All applications go through the CHCS Admissions Committee for approval, and you will receive confirmation of acceptance in writing.

Parent/Guardian: _____ Student: _____

(Signature)

(Signature)

Date: _____