



**STUDENT APPLICATION FORM**

Date of Application: \_\_\_\_\_ Start Date: \_\_\_\_\_

**STUDENT INFORMATION**

Last Name	First Name	Middle Name

Age	Gender	Birthdate	Aboriginal	Grade Placement Requested	Last Grade Completed
			Y N		

*\*To Register for Kindergarten, your child must turn 5 years of age on or before December 31 of the coming school year.*

**FAMILY INFORMATION**

Father		Mother	
First Name: _____		First Name: _____	
Last Name: _____		Last Name: _____	
Address: _____		Address: _____	
Primary Contact? Yes No		Primary Contact? Yes No	
Contact Information		Contact information	
Work: _____		Work: _____	
Home: _____		Home: _____	
Cell: _____		Cell: _____	
Email: _____		Email: _____	
Employer: _____		Employer: _____	

Marital Status: Married  Common-law  Divorced  Widowed  Separated  Single

Student lives with: Both Parents  Father  Mother  Guardian  Siblings

Number of brothers \_\_\_\_\_ Number of sisters \_\_\_\_\_ Name of school if applicable \_\_\_\_\_



Are there any legal court orders regarding custody, guardianship or parenting time of the applicant? \_\_\_\_\_ If yes, please provide a copy of the order.

**GUARDIAN INFORMATION (if applicable)**

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_  
Cell: \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_

**EMERGENCY CONTACT (if unable to reach primary contact)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_ Cell: \_\_\_\_\_

**CHURCH REGULARLY ATTENDED (if you do not have a church, please put NA)**

Church Affiliation: \_\_\_\_\_ Number of years: \_\_\_\_\_  
Has student accepted Christ as his/her personal Savior? Y N

**GENERAL INFORMATION**

Please tell us why you are applying to enroll your child in Ron Pettigrew Christian School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC HISTORY (List all previous schools attended including pre-school and Kindergarten)**

Name of School	Address	Year	Grade

Previous academic achievement has been:

Superior  Above Average  Average  Below Average



Has your child:

Had academic difficulties?	Y	N	
Had social problems?	Y	N	
Been identified as gifted?	Y	N	
Had discipline problems in school?	Y	N	
Been diagnosed as having a physical disability (including sight and hearing?)	Y	N	
Ever received learning assistance or special education instruction?	Y	N	

**HEALTH INFORMATION**

Health Care Card \_\_\_\_\_  
Name of Family Physician \_\_\_\_\_  
Physician Phone Number \_\_\_\_\_  
Name of Family Dentist \_\_\_\_\_  
Family Dentist Number \_\_\_\_\_  
Medication Required Y N \_\_\_\_\_  
Reason for medication \_\_\_\_\_  
Known Allergies \_\_\_\_\_

Please list and describe any significant medical conditions.

\_\_\_\_\_  
\_\_\_\_\_

Is the student able to participate in a full physical education program? Y N

If no, please describe reasons and provide an exemption note from your family physician.

\_\_\_\_\_  
\_\_\_\_\_



**PARENTAL COMMITMENT**

In making this application I/we certify that: (please initial)

	I/We have read all of the materials contained in the application package and understand them. Furthermore, I/we have provided RPCS with complete, up-to-date and accurate information to use in the admissions process. RPCS reserves the right to deny admission or continued enrollment of a student for falsifying or omitting information in this application.
	I/We understand the goals and objectives of Christian Education as indicated in the RPCS Parent Handbook and commit to support that kind of education for my/our child(ren).
	I/We understand that grade placement is determined by the Administration.
	In matters of discipline, my/our child (ren) will be subject to the disciplinary action of the staff and school administration, and will support that action.
	I/We have read the current Fee Schedule and understand my financial commitment and will immediately notify the Board or Administrator if I/we cannot keep that commitment. I have completed the Promissory Agreement.
	I/We understand that RPCS retains the authority to dismiss any student who does not respect the "Student Code of Conduct", does not co-operate in the education process, or whose continued presence severely impairs the development of Christian education.
	In case of accident or sudden illness to (child's name) _____, if I/we cannot be contacted or immediately meet my/our child to authorize medical care, I/we hereby authorize RPCS to seek any and all medical attention deemed necessary by RPCS for my/our child.
	(Child's name) _____ has permission to attend and participate in school-associated activities during the school year. I/We understand that adult sponsor and /or teachers will supervise these activities. Therefore, I/we agree to release and hold harmless the school, its agents and employees from all claims, damages, or other liabilities for injuries that may be sustained by the names student while travelling to and from, or while participating in such activities.

**The following applicant information must be included with this application prior to scheduling the interview with the Administrator.**

- ✓ Photocopy of Birth Certificate
- ✓ Photocopy of Health Care Card
- ✓ Photocopy of most recent Report Card
- ✓ Photocopy of Certificate of Aboriginal Status (if applicable)
- ✓ PE Exemption note from family physician (if applicable)
- ✓ Photocopy of Immunization records
- ✓ Legal Residency Declaration (RPCS form)
- ✓ Enrollment Waiver (RPCS form)
- ✓ Tuition Fee Schedule and Promissory Note (RPCS form)
- ✓ Fieldtrip Personal Contact and Medical Information (RPCS form)
- ✓ Records Request (RPCS form)
- ✓ Emergency Contact Information (RPCS form)

**Personal Information Privacy Act (PIPA) Consent**

Initial      RPCS collects and uses personal information to provide your child with the best educational services as outlined in our Mission Statement. The personal information on these forms is required in order to register your child at RPCS and assist the school in making informed decision on the suitability and appropriate placement of your child. This information will also allow RPCS to respond immediately to an emergency. RPCS commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent unless permitted under the PIPA legislation. If you have any questions about RPCS's use, storage or disclosure of personal information, please contact us.

Initial      I give RPCS permission to use a picture of myself, or my/our child (ren) for normal school operations (e.g. yearbook, websites, seasonal publications, etc.)



# Ron Pettigrew Christian School

*Character, Competence and Contribution*

I authorize a copy and/faxed copy of this application to be used in all respects as if it were an original.

Father/Legal Guardian's Name \_\_\_\_\_

Father/Legal Guardian's Signature \_\_\_\_\_

Mother/Legal Guardian's Name \_\_\_\_\_

Mother/Legal Guardian's Signature \_\_\_\_\_

\*\*Please note: Both parents (unless legally separated or divorced) or all legal guardians must sign before enrollment will be considered.

### **For office use only**

Interview Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Funding Eligibility: \_\_\_\_\_

Accepted: \_\_\_\_\_