

PCS STUDENT REGISTRATION FORM

All information provided on this form is for the school's use and will not be provided to outside agencies without parental permission.

A copy of student's birth certificate must be included at time of registration.

Student

Legal Surname _____

First Name _____

Middle Name _____

Name Used _____

Usual Surname (if different) _____

Male _____ Female _____ Grade applied for _____ Birth date _____

Address _____ City _____

Postal Code _____ Home Phone # _____

Birth Certificate # _____ Province/Country of Birth _____

Language(s) spoken at home _____

Is child of aboriginal ancestry? _____ Is child living on the reserve? _____

Band Code (if applicable) _____

Parent(s)/Guardian(s)

Father's Name _____ Home Phone # _____

Occupation _____ Work or Cell Phone # _____

Mother's Name _____ Home Phone # _____

Occupation _____ Work or Cell Phone # _____

Is there a court order regarding child custody? No ___ Yes ___ (If yes, provide copy)

If so: ___ Joint ___ Mother Sole Custody ___ Mother Access Only

___ Father Sole Custody ___ Father Access Only

Emergency Contacts (Please give someone other than yourself)

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Church Affiliation

Home Church: _____ Membership: Yes _____ No _____
Pastor's Name: _____ Church Phone # _____

Health

Dr.'s Name _____ Phone # _____
Care Card # _____ Physical Condition _____
List all allergies (mild or severe) _____

If you said "yes" to allergies, please provide the school with a medical diagnosis from the doctor. Are there any conditions such as: epilepsy, hearing/vision difficulties, asthma, heart condition, contact lenses, etc. that may prevent your child's participation in the total school program? Please specify _____

Academic: *Please attach a copy of your child's most recent report card.* (If applying for Kindergarten please include information regarding nursery, preschool, or other Kindergarten program)

Previous School's Name _____
Phone # () _____ Fax # () _____
Address _____ Postal Code _____
Dates _____ Grades _____ Reason for Leaving _____
Has your child repeated any grades? No Yes If yes, Grade _____ Year _____
Please explain any academic, disciplinary, or social concerns: _____

Please list your child's interests and hobbies (e.g. sports, music, art, drama, collecting)

How did you first hear about PCS? (Please all that apply and specify)

Radio _____ Personal Contact _____
 Newspaper _____ Referral _____
 Church Bulletin _____ Other _____

Other school age children: (Use a separate registration form for each child)

Name:

Grade:

- 1) _____
- 2) _____
- 3) _____

If these children do not attend PCS, please explain. Please see the school office/principal for further information regarding tuition fees should you have children enrolled in Christian independent schools other than PCS.

If this is your first child attending PCS, please state your reasons for wishing to enroll him/her.

<h2 style="text-align: center;">PCS CONDITIONS OF REGISTRATION</h2>

Parent/Guardian Name _____ Date _____

Address _____ Phone # _____

I, the parent/guardian of, _____, declare the following:

I have read the materials in the information package and fully understand the commitment I am making.

In making this application, I understand and agree with the purpose of this school as stated in the PCS Society Constitution and indicate that I enroll my child because of my desire to see that he/she receive a Christ-centered education. If my child is accepted by the school, I agree that his/her education will be in harmony with the Constitution of the Society, that he/she is subject to the policies of the school board, and that he/she is subject to the authority vested by the board in the principal and teachers.

I am enclosing my application fee of \$100.00 and understand that it is **non-refundable**.

Financial arrangements must be made by completing a **Financial Commitment Form** before enrollment is finalized.

I understand that PCS has a Volunteer Policy and expects active participation from each family. The goal is for each family to contribute 30 hours per year. (Please see the PCS Volunteer Possibilities Form included in this package for areas where volunteers are required.)

Signature of Parent/Guardian

Date

LEGAL RESIDENCY OF PARENT

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

(Lawfully Admitted into Canada)

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
- Admission as a refugee claimant
- A person claiming refugee status who has a letter of no objection
- Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
- Other – Document description: (must be cleared with Immigration Canada)

(Residency in British Columbia)

2. I am a resident of British Columbia (please X one):

Yes Residency address: _____

No I am not a resident of British Columbia

Confirming signature:

3. Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____

Date: _____