Admissions Application



This form is the first step in the admissions process at BVCS. We will require and provide more information at later stages of this process.

FAMILY INFORMATION									
LAST NAME									
MOTHER'S NAME		MOTHER'S CELL		WORK PHONE					
FATHER'S NAME		FATHER'S CELL		WORK PHONE					
STREET ADDRESS		I		7,0,11,7,10,12					
MAILING ADDRESS									
HOME PHONE									
EMAIL									
MARITAL STATUS	○ Married ○ Single ○ Widowed ○ Separated ○ Divorced (provide copy of custody agreement and legal guardianship)								
STUDENT(S) LIVE WITH	○ Both parents ○ Father ○ Mother○ Legal Guardian		IS YOUR FAMILY SUBJECT TO ANY OF THE FOLLOWING	Custody and/or parenting agreement(s)Court order(s)Other (provide details)					
CHURCH AFFILIATION	HOME CHURCH								
CHILD 1	Please attach recent report cards if available. CHILD 2 Please attach recent report cards if available.								
	ricuse attachirecent rep			ricuse attachirecent report care					
NAME		○ M ○ F	NAME		OM OF				
DATE OF BIRTH GRADE (D/M/Y) GRADE			DATE OF BIRTH (D/M/Y)	GRADE APPLICATION					
Does your child have any of th	e following medical con	ditions?	Does your child have any of th	Does your child have any of the following medical conditions?					
○ Diabetes○ Asthma○ Epilepsy○ Hearing pro○ Vision prob○ Allergies		○ Diabetes○ Asthma○ Epilepsy○ Hearing problems○ Vision problems○ Allergies	oblems						
DETAILS We may request additional	information.		DETAILS We may request additional information.						
Social-Disciplinary: Has your child:			Social-Disciplinary: Has your child:						
EXPERIENCED SOCIAL ISSUES AT SCHOOL?		\bigcirc Y \bigcirc N	EXPERIENCED SOCIAL ISSUES	AT SCHOOL?	OYON				
BEEN INVOLVED IN DISCIPLINARY ACTION BY A SCHOOL?		?	BEEN INVOLVED IN DISCIPLINA	ARY ACTION BY A SCHOOL?	OYON				
DETAILS We may request additional	l information.								
English Language	•		English Language						
IS ENGLISH YOUR CHILD'S FIRST	LANGUAGE?	\bigcirc Y \bigcirc N	IS ENGLISH YOUR CHILD'S FIRST	LANGUAGE?	OYON				
ANY PRIOR SCHOOLING IN A LAN	NGUAGE OTHER THAN EN	GLISH? OYON	ANY PRIOR SCHOOLING IN A LAI	ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?					
DETAILS We may request additional Educational Support services:			DETAILS We may request additional information. Educational Support services: Has your child:						
REPEATED ANY GRADES?		OYON	REPEATED ANY GRADES?		\bigcirc Y \bigcirc N				
RECEIVED TUTORING OUTSIDE OF SCHOOL?		OY ON	RECEIVED TUTORING OUTSIDE	E OF SCHOOL?	OYON				
RECEIVED SPEECH LANGUAGE THERAPY?		OYON	RECEIVED SPEECH LANGUAGE		OYON				
BEEN DIAGNOSED WITH ADHD OR ANXIETY?		\bigcirc Y \bigcirc N	BEEN DIAGNOSED WITH ADHI	O OR ANXIETY?	\bigcirc Y \bigcirc N				
HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?		\bigcirc Y \bigcirc N	HAVE A BEHAVIOUR/SAFETY P	HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?					
RECEIVED ANY OF THE FOLLOW Learning assistance Enriched/Gifted BV Child Development Cent Thomas Robinson Consultin	Special eduEnglish LarSupported		RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES: \(\text{ Learning assistance} \) Special education \(\text{ Enriched/Gifted} \) English Language Learning \(\text{ BV Child Development Centre} \) Supported Child Development \(\text{ Thomas Robinson Consulting} \) Other alternative therapies						
DOES YOUR CHILD HAVE: O IEP (Individual Education Plan) O LSP (Learning Support Plan) If you checked anything in this box, please include a copy of the IEP, SLP or LSP. DOES YOUR CHILD HAVE: O IEP (Individual Education Plan) O LSP (Learning Support Plan) If you checked anything in this box, please include a copy of the IEP, SLP or LSP.									

CHILD 3 Please attach recent report cards		ls if available.	CHILD 4 Please attach recent re		attach recent report car	ds if available.			
NAME			○ M ○ F	NAME			○M ○F		
DATE OF BIRTH GRADE APPLICATION			DATE OF BIRTH (D/M/Y)		GRADE APPLICATION				
Does your child h	nave any of the following n	nedical conditions?		Does your child have any of the following medical conditions?					
○ Diabetes ○ Hearing problems ○ Heart conditions ○ Asthma ○ Vision problems ○ Contact lenses ○ Epilepsy ○ Allergies ○ Medications			○ Asthma ○ Vision problems ○ C		Heart conditionsContact lensesMedications				
DETAILS We may red	quest additional information.			DETAILS We may request additional information.					
Social-Disciplinar	ry: Has your child:			Social-Disciplinary: Has your child:					
EXPERIENCED SOCIAL ISSUES AT SCHOOL?			\bigcirc Y \bigcirc N	EXPERIENCED SOCIAL ISSUES AT SCHOOL?					
BEEN INVOLVED	IN DISCIPLINARY ACTION BY	A SCHOOL?	\bigcirc Y \bigcirc N	BEEN INVOLV	EEN INVOLVED IN DISCIPLINARY ACTION BY A SCHOOL?				
,	DETAILS We may request additional information.				DETAILS We may request additional information.				
English Language				English Language					
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE? ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?		\bigcirc Y \bigcirc N		IS ENGLISH YOUR CHILD'S FIRST LANGUAGE? ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH? Y ON					
ANT PRIOR SCHOOL	DLING IN A LANGUAGE OTHE	ER THAN ENGLISH:	OTON	ANT PRIOR SCP	OOLING IN A LANGUAGE C	THER THAN ENGLISH:	OTON		
DETAILS We may red	quest additional information.			DETAILS We ma	y request additional informatio	n.			
Educational Supp	ort services: Has your chil	d:		Educational Support services: Has your child:					
REPEATED ANY GRADES?			\bigcirc Y \bigcirc N	REPEATED AN	REPEATED ANY GRADES?				
RECEIVED TUTORING OUTSIDE OF SCHOOL?		\bigcirc Y \bigcirc N	RECEIVED TU	RECEIVED TUTORING OUTSIDE OF SCHOOL?					
RECEIVED SPEEC	H LANGUAGE THERAPY?		\bigcirc Y \bigcirc N	RECEIVED SPE	RECEIVED SPEECH LANGUAGE THERAPY?				
BEEN DIAGNOSED WITH ADHD OR ANXIETY?		\bigcirc Y \bigcirc N	BEEN DIAGNO	BEEN DIAGNOSED WITH ADHD OR ANXIETY?					
HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?			\bigcirc Y \bigcirc N	HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?					
RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES: \(\text{Learning assistance} \) Special education \(\text{Enriched/Gifted} \) English Language Learning \(\text{BV Child Development Centre} \) Supported Child Development \(\text{Thomas Robinson Consulting} \) Other alternative therapies			RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES: Learning assistance Special education Enriched/Gifted Supported Child Development Thomas Robinson Consulting Other alternative therapies						
DOES YOUR CHILD HAVE: IEP (Individual Education Plan) SLP (Student Learning Plan) LSP (Learning Support Plan) If you checked anything in this box, please include a copy of the IEP, SLP or LSP.				DOES YOUR CHILD HAVE: O IEP (Individual Education Plan) O SLP (Student Learning Plan) O LSP (Learning Support Plan) If you checked anything in this box, please include a copy of the IEP, SLP or LSP.					
PERMISSION PARENTS' CITIZENSHIP STATUS UNDER INDIA						DIAN ACT			
I/we give permission for Bulkley Valley Christian School to contact $$\bigcirc$$ Y \bigcirc N my child(ren)'s previous and/or current school for further information if needed.				○ Canadian○ Landed Immigrant○ Refugee		○ Status Indian○ Living on reserve			
			Other (specify):		BAND NAME & NUMBER				
APPLICATION BACKGROUND									
BRIEFLY, WHY ARE YOU APPLYING FOR ENROLLMENT AT BULKLEY VALLEY CHRISTIAN SCHOOL?									
IMPORTANT: READ AND SIGN									
By signing this form, I/we are making application for admission to Bulkley Valley Christian School and declare that: • I/we have, to the best of my/our knowledge and ability, answered all questions truthfully and completely; and • I/we agree to provide BVCS with complete and correct information at subsequent stages of this admissions process; and • I/we understand and agree with the full contents of the Constitution and Bylaws of the Bulkley Valley Christian School Society; and • I/we understand that admissions to and enrolment in BVCS is governed by relevant school policies and I/we agree to be bound by them.									

DATE SIGNATURE

PRINT NAME

PRINT NAME

SIGNATURE