

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			
MAILING ADDRESS			
HOME PHONE			
EMAIL			
MARITAL STATUS	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Divorced (provide copy of custody agreement and legal guardianship)		
STUDENT(S) LIVE WITH	<input type="radio"/> Both parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	IS YOUR FAMILY SUBJECT TO ANY OF THE FOLLOWING	<input type="radio"/> Custody and/or parenting agreement(s) <input type="radio"/> Court order(s) <input type="radio"/> Other (provide details)
CHURCH AFFILIATION	HOME CHURCH		

CHILD 1

Please attach recent report cards if available.

NAME		<input type="radio"/> M <input type="radio"/> F
DATE OF BIRTH (D/M/Y)	GRADE APPLICATION	
Does your child have any of the following medical conditions?		
<input type="radio"/> Diabetes <input type="radio"/> Hearing problems <input type="radio"/> Heart conditions <input type="radio"/> Asthma <input type="radio"/> Vision problems <input type="radio"/> Contact lenses <input type="radio"/> Epilepsy <input type="radio"/> Allergies <input type="radio"/> Medications		
DETAILS We may request additional information.		
Social-Disciplinary: Has your child:		
...EXPERIENCED SOCIAL ISSUES AT SCHOOL?	<input type="radio"/> Y <input type="radio"/> N	
...BEEN INVOLVED IN DISCIPLINARY ACTION BY A SCHOOL?	<input type="radio"/> Y <input type="radio"/> N	
DETAILS We may request additional information.		
English Language		
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?	<input type="radio"/> Y <input type="radio"/> N	
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?	<input type="radio"/> Y <input type="radio"/> N	
DETAILS We may request additional information.		
Educational Support services: Has your child:		
...REPEATED ANY GRADES?	<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED TUTORING OUTSIDE OF SCHOOL?	<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED SPEECH LANGUAGE THERAPY?	<input type="radio"/> Y <input type="radio"/> N	
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?	<input type="radio"/> Y <input type="radio"/> N	
...HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?	<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:		
<input type="radio"/> Learning assistance <input type="radio"/> Special education <input type="radio"/> Enriched/Gifted <input type="radio"/> English Language Learning <input type="radio"/> BV Child Development Centre <input type="radio"/> Supported Child Development <input type="radio"/> Thomas Robinson Consulting <input type="radio"/> Other alternative therapies		
DOES YOUR CHILD HAVE:		
<input type="radio"/> IEP (Individual Education Plan) <input type="radio"/> SLP (Student Learning Plan) <input type="radio"/> LSP (Learning Support Plan)		
If you checked anything in this box, please include a copy of the IEP, SLP or LSP.		

CHILD 2

Please attach recent report cards if available.

NAME		<input type="radio"/> M <input type="radio"/> F
DATE OF BIRTH (D/M/Y)	GRADE APPLICATION	
Does your child have any of the following medical conditions?		
<input type="radio"/> Diabetes <input type="radio"/> Hearing problems <input type="radio"/> Heart conditions <input type="radio"/> Asthma <input type="radio"/> Vision problems <input type="radio"/> Contact lenses <input type="radio"/> Epilepsy <input type="radio"/> Allergies <input type="radio"/> Medications		
DETAILS We may request additional information.		
Social-Disciplinary: Has your child:		
...EXPERIENCED SOCIAL ISSUES AT SCHOOL?	<input type="radio"/> Y <input type="radio"/> N	
...BEEN INVOLVED IN DISCIPLINARY ACTION BY A SCHOOL?	<input type="radio"/> Y <input type="radio"/> N	
DETAILS We may request additional information.		
English Language		
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?	<input type="radio"/> Y <input type="radio"/> N	
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?	<input type="radio"/> Y <input type="radio"/> N	
DETAILS We may request additional information.		
Educational Support services: Has your child:		
...REPEATED ANY GRADES?	<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED TUTORING OUTSIDE OF SCHOOL?	<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED SPEECH LANGUAGE THERAPY?	<input type="radio"/> Y <input type="radio"/> N	
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?	<input type="radio"/> Y <input type="radio"/> N	
...HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?	<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:		
<input type="radio"/> Learning assistance <input type="radio"/> Special education <input type="radio"/> Enriched/Gifted <input type="radio"/> English Language Learning <input type="radio"/> BV Child Development Centre <input type="radio"/> Supported Child Development <input type="radio"/> Thomas Robinson Consulting <input type="radio"/> Other alternative therapies		
DOES YOUR CHILD HAVE:		
<input type="radio"/> IEP (Individual Education Plan) <input type="radio"/> SLP (Student Learning Plan) <input type="radio"/> 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 if available.	
NAME		<input type="radio"/> M <input type="radio"/> F	
DATE OF BIRTH (D/M/Y)	GRADE APPLICATION		
Does your child have any of the following medical conditions?			
<input type="radio"/> Diabetes	<input type="radio"/> Hearing problems	<input type="radio"/> Heart conditions	
<input type="radio"/> Asthma	<input type="radio"/> Vision problems	<input type="radio"/> Contact lenses	
<input type="radio"/> Epilepsy	<input type="radio"/> Allergies	<input type="radio"/> Medications	
DETAILS We may request additional information.			
Social-Disciplinary: Has your child:			
...EXPERIENCED SOCIAL ISSUES AT SCHOOL?		<input type="radio"/> Y <input type="radio"/> N	
...BEEN INVOLVED IN DISCIPLINARY ACTION BY A SCHOOL?		<input type="radio"/> Y <input type="radio"/> N	
DETAILS We may request additional information.			
English Language			
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?		<input type="radio"/> Y <input type="radio"/> N	
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?		<input type="radio"/> Y <input type="radio"/> N	
DETAILS We may request additional information.			
Educational Support services: Has your child:			
...REPEATED ANY GRADES?		<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED TUTORING OUTSIDE OF SCHOOL?		<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED SPEECH LANGUAGE THERAPY?		<input type="radio"/> Y <input type="radio"/> N	
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?		<input type="radio"/> Y <input type="radio"/> N	
...HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?		<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:			
<input type="radio"/> Learning assistance	<input type="radio"/> Special education		
<input type="radio"/> Enriched/Gifted	<input type="radio"/> English Language Learning		
<input type="radio"/> BV Child Development Centre	<input type="radio"/> Supported Child Development		
<input type="radio"/> Thomas Robinson Consulting	<input type="radio"/> Other alternative therapies		
DOES YOUR CHILD HAVE:			
<input type="radio"/> IEP (Individual Education Plan)		<input type="radio"/> SLP (Student Learning Plan)	
<input type="radio"/> LSP (Learning Support Plan)			
If you checked anything in this box, please include a copy of the IEP, SLP or LSP.			

CHILD 4		Please attach recent report cards if available.	
NAME		<input type="radio"/> M <input type="radio"/> F	
DATE OF BIRTH (D/M/Y)	GRADE APPLICATION		
Does your child have any of the following medical conditions?			
<input type="radio"/> Diabetes	<input type="radio"/> Hearing problems	<input type="radio"/> Heart conditions	
<input type="radio"/> Asthma	<input type="radio"/> Vision problems	<input type="radio"/> Contact lenses	
<input type="radio"/> Epilepsy	<input type="radio"/> Allergies	<input type="radio"/> Medications	
DETAILS We may request additional information.			
Social-Disciplinary: Has your child:			
...EXPERIENCED SOCIAL ISSUES AT SCHOOL?		<input type="radio"/> Y <input type="radio"/> N	
...BEEN INVOLVED IN DISCIPLINARY ACTION BY A SCHOOL?		<input type="radio"/> Y <input type="radio"/> N	
DETAILS We may request additional information.			
English Language			
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?		<input type="radio"/> Y <input type="radio"/> N	
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?		<input type="radio"/> Y <input type="radio"/> N	
DETAILS We may request additional information.			
Educational Support services: Has your child:			
...REPEATED ANY GRADES?		<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED TUTORING OUTSIDE OF SCHOOL?		<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED SPEECH LANGUAGE THERAPY?		<input type="radio"/> Y <input type="radio"/> N	
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?		<input type="radio"/> Y <input type="radio"/> N	
...HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?		<input type="radio"/> Y <input type="radio"/> N	
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:			
<input type="radio"/> Learning assistance	<input type="radio"/> Special education		
<input type="radio"/> Enriched/Gifted	<input type="radio"/> English Language Learning		
<input type="radio"/> BV Child Development Centre	<input type="radio"/> Supported Child Development		
<input type="radio"/> Thomas Robinson Consulting	<input type="radio"/> Other alternative therapies		
DOES YOUR CHILD HAVE:			
<input type="radio"/> IEP (Individual Education Plan)		<input type="radio"/> SLP (Student Learning Plan)	
<input type="radio"/> 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 INDIAN ACT
I/we give permission for Bulkley Valley Christian School to contact my child(ren)'s previous and/or current school for further information if needed. <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Canadian <input type="radio"/> Landed Immigrant <input type="radio"/> Refugee <input type="radio"/> Other (specify):	<input type="radio"/> Status Indian <input type="radio"/> Living on reserve
		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:					
<ul style="list-style-type: none"> 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. 					
SIGNATURE	PRINT NAME	DATE	SIGNATURE	PRINT NAME	DATE

Pastoral Reference

Parents: Please have your pastor complete this form as part of your application.

FAMILY INFORMATION

LAST NAME	
MOTHER'S NAME	FATHER'S NAME

Dear Pastor:

The above-noted parents are seeking to enrol their child(ren) in Bulkley Valley Christian School. We would appreciate your cooperation in taking a few minutes to answer these questions.

1. How long have you known this family?

2. Do they regularly attend worship services? Please comment:

3. Are the parents active in any church ministries? Please explain:

4. Other pertinent information:

PASTOR'S INFORMATION

PLEASE PRINT YOUR NAME	SIGNATURE	DATE
CHURCH		OFFICE PHONE

The completed form may be mailed directly to the school or returned to the parents. Thank you for your time and cooperation.

Bulkley Valley Christian School, Box 3635, Smithers, B.C. V0J 2N0 (phone) 250-847-4238 • (fax) 250-847-3564