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 MO		MOTHER'S CELL		WORK PHONE				
FATHER'S NAME FA		FATHER'S CELL		WORK PHONE				
STREET ADDRESS			MAILING ADDRESS					
HOME PHONE			EMAIL					
MARITAL STATUS	ARITAL STATUS			ted ODivorced (provide copy of custody agreement and legal guardianship)				
STUDENT(S) LIVE WITH	○ Both parents ○ Fat○ 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			s if available.				
NAME		OM OF	NAME	NAME OM OF				
DATE OF BIRTH (D/M/Y)	GRADE APPLIC		DATE OF BIRTH (D/M/Y)	DATE OF BIRTH GRADE				
Is this student is of indigenous a Inuit) NOTE: Indigenous self-identific	ancestry? (First Nation,	Métis, OYON	Is this student is of indigenous ancestry? (First Nation, Métis, Inuit) NOTE: Indigenous self-identification is made on a voluntary basis.					
	LIVING ON-RESERVE							
BAND NAME	STATUS	#	BAND NAME					
Does your child have any of the following medical conditions?			Does your child have any of the following medical conditions?					
○ Diabetes ○ Hearing problems ○ Heart conditions ○ Asthma ○ Vision problems ○ Contact lenses ○ Epilepsy ○ Allergies ○ Medications ○ Diabetes ○ Hearing problems ○ Heart conditions ○ Asthma ○ Vision problems ○ Contact lenses ○ Epilepsy ○ Allergies ○ Medications								
DETAILS We may request additional i	information.		DETAILS We may request additiona	ıl information.				
Social-Disciplinary: Has your child:			Social-Disciplinary: Has your child:					
EXPERIENCED SOCIAL ISSUES AT SCHOOL?		\bigcirc Y \bigcirc N	EXPERIENCED SOCIAL ISSUES	RIENCED SOCIAL ISSUES AT SCHOOL?				
BEEN INVOLVED IN DISCIPLINARY ACTION BY A SCHOOL?		?	BEEN INVOLVED IN DISCIPLINA	ARY ACTION BY A SCHOOL?	\bigcirc Y \bigcirc N			
DETAILS We may request additional i	nformation.		DETAILS We may request additional information.					
English Language			English Language					
	NGLISH YOUR CHILD'S FIRST LANGUAGE?		IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?					
ANY PRIOR SCHOOLING IN A LAN	GUAGE OTHER THAN EN	GLISH? OYON	ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?		\bigcirc Y \bigcirc N			
DETAILS We may request additional information.			DETAILS We may request additional information.					
Educational Support services: Has your child:			Educational Support services: Has your child:					
REPEATED ANY GRADES?		OY ON	REPEATED ANY GRADES?	OY ON				
RECEIVED SPEECH LANCHAGE THERAPY?		OY ON	RECEIVED TUTORING OUTSIDE					
RECEIVED SPEECH LANGUAGE THERAPY? BEEN DIAGNOSED WITH ADHD OR ANXIETY?		$\begin{array}{c c} \bigcirc Y \bigcirc N \\ \hline \bigcirc Y \bigcirc N \end{array}$	RECEIVED SPEECH LANGUAGE					
		OYON	HAVE A BEHAVIOUR/SAFETY P					
RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES: \[\text{Learning assistance} \times \text{Special education} \\ \text{English Language Learning} \\ \text{DV Child Development Centre} \\ \text{Thomas Robinson Consulting} \text{Other alternative therapies} \]			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: 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 card	ls if available.	CHILD 4		Please attach	recent report card	ls if available.
NAME		○M ○F	NAME				○M ○F
DATE OF BIRTH (D/M/Y)	GRADE APPLICATION		DATE OF BIRTH (D/M/Y)			GRADE APPLICATION	
Is this student is of indigenous ancestry? (First Nation, Métis, Inuit) NOTE: Indigenous self-identification is made on a voluntary basis.			Is this student is of indigenous ancestry? (First Nation, Métis, Inuit) NOTE: Indigenous self-identification is made on a voluntary basis.				
○ STATUS ○ NON-STATUS ○ LIVING ON-RES	ERVE OLIVING	OFF-RESERVE	○ STATUS ○ NON-STATUS ○ LIVING ON-RESERVE ○ LIVING OFF-RESERVE				
BAND NAME	STATUS#		BAND NAME	'		STATUS #	
Does your child have any of the following med	dical conditions?		Does your child	l have any of the	following me	edical conditions?	
○ Diabetes ○ Hearing problems ○ Heart conditions ○ Asthma ○ Vision problems ○ Contact lenses ○ Epilepsy ○ Allergies ○ Medications ○ Diabetes ○ Hearing problems ○ Heart conditions ○ Asthma ○ Vision problems ○ Contact lenses ○ Epilepsy ○ Allergies ○ Medications							
DETAILS We may request additional information.			DETAILS We may	request additional in	formation.		
Social-Disciplinary: Has your child:			Social-Disciplin	ary: Has your chi	ld:		
EXPERIENCED SOCIAL ISSUES AT SCHOOL?		\bigcirc Y \bigcirc N	EXPERIENCED	SOCIAL ISSUES AT	SCHOOL?		OYON
BEEN INVOLVED IN DISCIPLINARY ACTION BY A	SCHOOL?	\bigcirc Y \bigcirc N		D IN DISCIPLINAR		A SCHOOL?	OYON
DETAILS We may request additional information. English Language			DETAILS We may request additional information. English Language				
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?		\bigcirc Y \bigcirc N				OYON	
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER	THAN FNGLISH?	OYON				OYON	
DETAILS We may request additional information.	DETAILS We may request additional information.						
Educational Support services: Has your child:			Educational Su	pport services: H	as your child		
REPEATED ANY GRADES?		\bigcirc Y \bigcirc N	REPEATED ANY GRADES?			\bigcirc Y \bigcirc N	
RECEIVED TUTORING OUTSIDE OF SCHOOL?		\bigcirc Y \bigcirc N	RECEIVED TUTORING OUTSIDE OF SCHOOL?		\bigcirc Y \bigcirc N		
RECEIVED SPEECH LANGUAGE THERAPY?		\bigcirc Y \bigcirc N	RECEIVED SPEECH LANGUAGE THERAPY?		\bigcirc Y \bigcirc N		
BEEN DIAGNOSED WITH ADHD OR ANXIETY?		\bigcirc Y \bigcirc N	BEEN DIAGNOSED WITH ADHD OR ANXIETY?		\bigcirc Y \bigcirc N		
HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?			HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?				
RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES: \(\) Learning assistance \text{Special education} \\ \(\) Enriched/Gifted \text{English Language Learning} \\ \(\) BV Child Development Centre \text{Supported Child Development} \\ \(\) Thomas Robinson Consulting \text{Other alternative therapies} \end{array}			 RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES: Learning assistance Enriched/Gifted BV Child Development Centre Thomas Robinson Consulting Supported Child Development Other alternative therapies 				
○ IEP (Individual Education Plan)○ LSP (Student Learning Plan)○ LSP (Learning Support Plan)			○ IEP (Individu○ LSP (Learning	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					PAF	RENTS' CITIZENSI	HIP
I/we give permission for BVCS to contact my chi and/or current school(s) for further information in		\bigcirc Y \bigcirc N	PREVIOUS/CURRE	NT SCHOOL NAME	_ (S)	Canadian () Refuge anded Immigrant Other (specify):	ee
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 app I/we have, to the best of my/our know I/we agree to provide BVCS with comp	ledge and abilitelete and correct	ty, answered a ct information	II questions truth at subsequent s	nfully and comp tages of this adr	letely; and missions pr	ocess; and	d by them

DATE SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

Form #1b

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:					
		61 1.1			
The above-noted parents are seeking to enrol thei cooperation in taking a few minutes to answer the		STIAN SCHOOL V	ve would appreclate your		
1. How long have you known this family?					
2. Do they regularly attend worship services? Plea	ase 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. VOJ 2NO (phone) 250-847-4238 · (fax) 250-847-3564