



Registration Package

*Educating and equipping discerning disciples
of Jesus Christ for restorative work in His kingdom*

FOR OFFICE USE ONLY

Surname: _____ Student Given Name: _____

Medical Alert: _____ Legal Alert: _____

Admission Date Requested: September _____ Other Date: _____ Tuition Relief Form: Yes ___ No ___

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

- | | |
|--|---|
| <input type="checkbox"/> Two years progress reports received | <input type="checkbox"/> Family email address added to Shake list |
| <input type="checkbox"/> Birth Certificate copied and stamped | <input type="checkbox"/> Tuition deposit received (\$500) |
| <input type="checkbox"/> Care Card Number | <input type="checkbox"/> Interview date set for: _____ |
| <input type="checkbox"/> Legal Residency Form completed and signed | <input type="checkbox"/> Interviewed by: _____ |
| <input type="checkbox"/> Proof of residency in file | <input type="checkbox"/> Notification of Orientation Meeting |
| <input type="checkbox"/> Registration form complete | <input type="checkbox"/> Telephone call re: space available |
| <input type="checkbox"/> Consent for Release of Ed Info signed | <input type="checkbox"/> High School - Parent Portal Passwords created and shared |
| <input type="checkbox"/> Non-refundable application fee (\$125) paid | <input type="checkbox"/> Acceptance Letter and Package Sent/Given |
| <input type="checkbox"/> Pastor Reference received | (Date of Letter: _____) |
| <input type="checkbox"/> Immunization Record (outside SD57) copied | |

CALL US

Phone: 250.564.0707
Fax: 250.564.0729

WRITE US

Email: office@cedars.bc.ca
Website: www.cedars.bc.ca

VISIT US

701 N. Nechako Rd.
Prince George, BC V2K 1A2

Student Registration Form - (complete one form per student)

STUDENT INFORMATION

Student's Name: _____
Usual Surname First Name Middle Name

Legal Surname First Name Middle Name

Male Female Grade (for Sept.): _____ Birthplace: _____ Birthdate: _____
mm / dd / yyyy

Address: _____
Street Address City Postal Code

Mailing Address (if different)

Citizenship: _____ Primary Language spoken at home: _____

**If not Canadian, citizenship documents must be presented*

English Language Learner? Yes No

First Nations Status? Yes No If "yes", band name: _____

Last School Attended: _____ Address: _____

Date of Leaving: _____

GUARDIAN INFORMATION

Student resides with: Both Parents Mother only Father only Other: _____

Parent/Guardian #1: (full name)

Parent/Guardian #2: (full name)

Has Guardianship Access Only No Access

Has Guardianship Access Only No Access

Relationship to Student: _____

Relationship to Student: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACT INFORMATION

In the absence of parent(s)/guardian(s), student can be released to the care and control of:

Emergency Contact #1:

Relationship to Student: _____

Phone Number: _____

Emergency Contact #2:

Relationship to Student: _____

Phone Number: _____

OTHER INFORMATION

Is there anyone we should be aware of with whom your child may **not** leave the school? If so, please name below:

Who may pick up your child:

Names/Birthdates of Brothers/Sisters:

Health and Other Information

(complete one form per student)

Family Doctor: _____ Telephone: _____

Care Card/Personal Health Number: _____

Does your child have any of the following (please check):

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> mild |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> severe |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Other (list below) |

Other: _____

If you have checked off anything above, is it considered a **life-threatening** condition? Yes No

⇒ If "yes", please see the Main Office for important documentation that **must** be filled out and kept on file.

⇒ If an allergy or medical condition changes during the school year, it is your responsibility to alert the school.

Explain briefly any conditions checked above and procedures to follow:

Is your child able to participate in a full PE program? Yes No

If not, an exemption from your family physician will be required. If conditions change during the year, please inform the school.

Yes No Does the student have any particular academic weaknesses or outstanding strengths? If so, please supply details, including any special programs or assistance the student has received. (This will help us to determine whether, and how, we can best meet the student's needs.)

Yes No Does the student have, or has he/she experienced, any social, emotional, or behavioural problems? If yes, please supply details, including any treatment the student may have received.

List any student strengths, hobbies, and interests.

Parent/Guardian's Signature

Date

Legal Residency of Parents

(complete one form per family)

The Association for Christian Education in Prince George, Operating Cedars Christian School

To be completed and signed by a parent or legal (court-appointed) guardian and returned to the school. (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 one or more years
 - Employment authorization (working permit) for one or more 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 Citizenship and Immigration Canada: <http://www.cic.gc.ca/english/study/study.asp>)

Residency in British Columbia

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

- Yes Residency address: _____

- Yes **I have included a copy of Proof of Residency** with current address listed (Utility bill, mortgage document, rental agreement, tax assessment, etc. Drivers' Licence is fine as long as it won't expire before your child(ren) graduate)
- No I am not a resident of British Columbia

Confirming signature(s):

Parent/Legal Guardian's name

Parent/Legal Guardian's signature

Date: _____

Office Use

Proof of Residency: _____

Initials

Date

Family Information

(complete one form per family)

Church affiliation: _____

Member Adherent

Pastor's name: _____

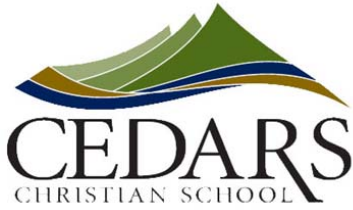
Phone Number: _____

Name of one other reference: _____

Phone Number: _____

Please explain why you wish to enroll your child(ren) in a Christian school:

Where did you first hear about Cedars Christian School? (eg., church, friends, etc.)



Consent for Release of Education Information

Educating and equipping discerning disciples of Jesus Christ for restorative work in His Kingdom.

(Fill in one form per student IF they have come from a previous school)

Date:	
To Previous School:	
Fax Number:	
Student's Full Name:	
Date of Birth:	

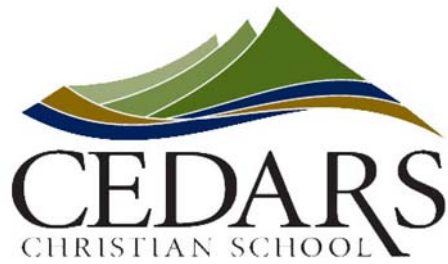
The above-named student has now been registered at **Cedars Christian School**. As parent/guardian of this student, I hereby give my permission to send **Cedars Christian School** the following:

- A copy of the most recent student Report Card**
- Student File** including: report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, Student Conduct Review Committee letters, all safety concerns, all records pertaining to behaviours/violence, including all suspension letters, records of discipline matters, and consequences/interventions, and behaviour plans.
- Permanent Student Record Card**
- Individual Education Plan (IEP)** if there is one for the student
- Special Services File** if there is one for the student, including any confidential or other documents pertaining to the above-named student from Area Support Team Members such as Psychologists, Social Workers, Speech Language Pathologists, etc.
- I further consent to administrative or counselling staff speaking to **Cedars Christian School** regarding academic or behavioural programming.

I confirm I am the parent/guardian for the above-named individual:

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
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Office Use Only:	Faxed	Mailed	eMailed	Date
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Family Reference from Pastor

*Educating and equipping discerning disciples
of Jesus Christ for restorative work in His kingdom*

The Association for Christian Education in Prince George, Operating Cedars Christian School

Dear Pastor,

The _____ family has requested admission to Cedars Christian School. We would appreciate information regarding the membership and involvement of this family in your church community. Please assist us by filling out the following questionnaire.

Date: _____

Family Name: _____ Children: _____

Church Name: _____ Church Phone: _____

How long has this family attended this church? _____

Does this family attend: usually? occasionally? rarely? *(circle one)*

Does this church have Sunday School classes? Adult? _____ Children? _____

Does this family attend Sunday School classes regularly? Adult? _____ Children? _____

What groups does this church have? (i.e. youth group, Bible study, etc.) _____

With which groups is this family involved? _____

Please provide a brief statement of your understanding of this family's personal relationship with Jesus Christ and their involvement and commitment to your church community. _____

Comments: _____

Thank you for taking the time to provide us with this information.

Pastor's Signature: _____ Print Name: _____

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