

# 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:

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

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# 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)

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

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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<b>Office Use Only:</b>	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: \_\_\_\_\_

## 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