



<b>For Office Use Only</b>	
Date rec'd _____	Interview Date: _____
Registration Fees \$ _____	
Medicare Number <input type="checkbox"/>	Immunization Record <input type="checkbox"/>

## Student Application Form

\*\* Please Print & Complete both sides of this Application Form\*\*

<b>Student Information</b> (This form is to be completed by the Applicant's Parent or Guardian)
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Student's Full Legal Name <small>(first/middle/last)</small>		Student's Preferred Name
Date of Birth <small>(day/month/year)</small>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Medicare Number
Grade level applying for	Canadian Citizen Yes <input type="checkbox"/>	If No, Citizenship

<b>Family Information</b>
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Father's Name	Lives with the child/ren Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mother's Name	Lives with the child/ren Yes <input type="checkbox"/> No <input type="checkbox"/>	
Guardian's Name	Lives with the child/ren Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Address	City	Province
Postal Code	Home ☎ ( )	
E-mail Address <small>(Helpful for Home to School Communications)</small>		
Father's Business ☎ ( )	Mother's Business ☎ ( )	
Father's Cell 📱	Mother's Cell 📱	
Father's Occupation	Mother's Occupation	
Emergency Contacts (When parent/guardian is unavailable)	Phone ( )	
1.		
2.	Phone ( )	

**Other Children in the Family**

Name	Age	School Attending
Name	Age	School Attending
Name	Age	School Attending
Language Spoken in the Home		

Additional Information

Has the applicant any health or physical limitations? If Yes, please explain.

Any allergies or life threatening conditions? If Yes, please explain.

If the applicant needs to take any type of medication regularly, please obtain and complete a more detailed Health Form from the school office.

Doctor's Name

Phone ☎ (    )

Church Membership or Attendance

Address

City

Province

Postal Code

Pastor's Name

Phone ☎ (    )

IF THIS IS YOUR FIRST CHILD IN VALLEY CHRISTIAN ACADEMY:

How did you learn about our school:

Your reason for applying for admissions

School last attended

Please indicate academic level of student's previous work:  Excellent  Good  Average  Poor

Has the student ever been expelled, suspended or refused admission at another school:  Yes  No

\*\*By signing this application: I am familiar with the philosophy of VCA and agree that my child will follow the program and regulations of this school.

Signature of Parent

Date

Signature of Guardian

Date

If you are new to VCA, please begin the registration process by submitting your non-refundable registration fee of \$100.00 for the first child and \$10.00 for each subsequent child.

➤ Students applying for Grade 1 must be 6 years of age on or before December 31 of the year in which they enroll.