

Lakeview Christian School



Returning Student Registration Package

Student Name: _____

Grade: _____

ADMISSION POLICY

Lakeview Christian School (LCS) seeks to enroll students whose families desire Christian community and education. Both students and parents should be aware of LCS's Seventh-day Adventist Christian principles and agree to support the school's Christian approach to education.

Families wishing to apply for admission to LCS must complete an application package and submit all required documentation. Applications for admission will be evaluated by the Admittance Committee based on previous student grades, attendance records, teacher/principal recommendations, parent cooperation and observation of the prospective student in academic, social settings and the Financial Approval Form. The Financial Approval Form will be completed with the Administrative Assistant. After the Admittance Committee's evaluation, a letter will be sent informing you of their decision. Please refer to the LCS Student Handbook for more detailed information concerning our admission policies. Please feel free to speak with us as we look forward to working with you so that your child(ren) can attend LCS.

ADMISSION CHECKLIST

Please complete and submit the following for each student who is applying:

- Complete Registration Package
- Payment of all school fees and first month of tuition
- School Uniform.
- Grades 5-9 Choice of Band Instrument _____

FAMILY PAYMENT PLAN

| Tuition and Fees | |
|------------------------|---------|
| Kindergarten – Grade 5 | \$4,500 |
| Grade 6-9 | \$4,750 |
| Registration Fees | \$300 |

Registration Fees: \$50 discount if paid by **April 15**

Please choose one of the following tuition payment options:

- Full Payment before the start of the school year for 5% discount.
- 10 Equal monthly installments dated for the 1st of each month.
- 10 Equal monthly payments online through Adventist School Pay.

| Family Discounts | |
|---------------------|-----|
| Child 2 | 15% |
| Child 3 | 30% |
| Additional Children | 50% |

Please consider sponsoring another child by contributing to the LCS Bursary Fund.

If you should require financial aid, please fill out the Financial Aid form and submit a current tax assessment from **both** supporting parents. Amounts will be prorated based on income. Please make sure you fill out the form each year as funds are limited and must be accounted for accurately.



STUDENT REGISTRATION FORM

STUDENT INFORMATION

| | | | | |
|---|---|---------------|---------------|-----------------------|
| Legal Last Name | Legal First Name | Middle Name | | |
| Preferred Name | | Gender (M/F) | Birthdate | |
| Street number and address | | | City | |
| Province | Postal Code | Country | | |
| Home Phone | Cell Phone | Email Address | | |
| Language spoken at home | Student lives with <input type="radio"/> both parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Other | | | |
| Student's Social Insurance Number for Tax Receipt | Are there any custodial or legal arrangements the school should be aware of? <input type="radio"/> Yes <input type="radio"/> No (attach copy of court/custodial documents) | | | |
| Faith or Religion | Denomination | | | |
| If Seventh-day Adventist, please complete the following: | | | | |
| | Student | Mother | Father | Legal Guardian |
| Baptised Member Y/N | | | | |
| Name of SDA Church | | | | |
| Pastor | | | | |

PARENT OR LEGAL GUARDIAN INFORMATION

| | Mother | Father | Legal Guardian |
|--|---------------|---------------|-----------------------|
| Full Name | | | |
| Work Phone | | | |
| Cell Phone | | | |
| Email | | | |
| Employer | | | |
| Occupation | | | |
| Home Phone | | | |
| Home Address (if not the same as above) | | | |

SIBLINGS

| Name | Age | Name | Age |
|-------------|------------|-------------|------------|
| | | | |
| | | | |

Parent or Guardian Signature

Date



MEDICAL FORM

STUDENT INFORMATION

| | |
|--|------------------------------|
| Student | BC Medical Services Plan # |
| Address | |
| Family Doctor's Name | Family Doctor's Phone Number |
| Private Insurance Company | Private Insurance Plan # |
| Does the student have any medical conditions or history of which we should be aware? (i.e., heart condition, diabetes, asthma, epilepsy severe allergies etc.) | |
| <input type="radio"/> Yes <input type="radio"/> No | |
| If yes, please provide details: | |
| Does the student have any ailments or issues that might affect participation in field trip activities? (i.e., ear infection, bronchitis, sinus infection, etc.) | |
| <input type="radio"/> Yes <input type="radio"/> No | |
| If yes, please provide details: | |
| Is the student taking any medications on a regular basis? | |
| <input type="radio"/> Yes <input type="radio"/> No | |

If yes, please note that the school cannot administer any medications without written parental/guardian permission. If the student needs to take this medication while at school or on a field trip, detailed medication information must be filled out and signed by the parent or guardian. Please provide the medication to the staff or field trip supervisor, clearly labeled with the following: student name, medication name, reason for medication and dosage.

| Name of Medication | Reason for Medication | Instructions | Dosage |
|--------------------|-----------------------|--------------|--------|
| | | | |
| | | | |

By Signing below, I am requesting that staff or trip supervisors administer these medications as directed above.

Parent or Guardian Signature Date

IN CASE OF EMERGENCY

I hereby request the physician selected by the trip supervisor to provide treatment for my child named above.

Parent or Guardian Signature Date

Parent or Guardian Signature Date

ALTERNATE EMERGENCY CONTACTS

In case parents cannot be reached in an emergency

| Contact Name | Home Phone | Cell Phone | Relationship to Student |
|--------------|------------|------------|-------------------------|
| | | | |
| | | | |



PRIVACY AND INTERNET USE

PERSONAL INFORMATION PROTECTION ACT (PIPA) PRIVACY CONTRACT

I consent to have Lakeview Christian School (LCS) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parent’s work numbers, email addresses, behavioral/academic/health information, most recent report card, emergency contact name and number, doctor’s name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of LCS

1. For the purpose of establishing, maintaining, and terminating the student’s or parent(s)’s relationship with LCS and
2. For additional purposes identified when or before personal information is collected, and
3. As otherwise provided in the BC Conference of Seventh-day Adventist’s and LCS’s Personal Information Privacy Policy, a copy of which is available upon request.

I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of LCS.

This information is required in order to register your child at LCS and assist the school authority in making an informed decision as to your child’s suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency.

I consent to have photographs, videos/online streaming and work samples of my child used by LCS in the yearbook, newsletters, web site and other promotional material for the school or the BC Conference Office of Education

Initial

I consent to have my phone number included in a school family phone directory (for carpooling, class listing, etc.)

Initial

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Initial

LCS acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision or instruction of your child at LCS, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Parent or Guardian Signature

Date

PERMISSION FOR STUDENT USE OF INTERNET / EMAIL

Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, museums and other repositories of information and to exchange personal communication with other Internet users around the world. Students will be allowed access to Internet resources with the understanding that some material can be inaccurate, biased; controversial therefore inappropriate for classroom use and not be permitted. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory or potentially offensive. While the purposes of the school are to use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family’s right to decide whether or not to apply for access.

Parent or Guardian Signature

Date