



# KELOWNA CHRISTIAN SCHOOL

## 2020-2021 APPLICATION FORM

### KINDERGARTEN – GRADE 12

Thank you for your interest in Kelowna Christian School. We are excited to educate your child in a Christian environment with dedicated teachers and a standard of excellence that we know you will come to appreciate.

Our **VISION** declares that *we seek to be a Christ-like community passionately transforming our world.*

Our **MISSION** states that *we exist to educate, equip and inspire our school community to become disciples of Jesus who love and serve God and others.*

## ADMISSIONS PROCESS

1. Inquiry & School Tour
2. Formal Application
3. Application Review
4. Interview & Assessments \*
5. Notification of Acceptance
6. Grade/Class Placement

\* Grade 6 -12 students are required to attend the interview. Necessary assessments will be scheduled.

## APPLICATION PROCESS AND REQUIREMENTS

**Please ensure all components of the application are completed and the required documents (listed below) submitted.** Please note that the application must include the Enrollment Contract and the Application Fee before the application will be considered.

All applications and inquiries for Preschool to Grade 12 are processed through the Admissions Office at our Benvoulin Campus. Please note that all applications that are not accepted are destroyed to protect the applicants' information. In the event of a wait listing, with the permission of the applicant, information will remain on file.

Contact: Admissions - Cyndy Loewen  
Email: [admissions@kcschool.ca](mailto:admissions@kcschool.ca)  
Phone: 250-861-3238

KCS Preschool & Elementary School  
3285 Gordon Drive  
Kelowna, BC  
V1W 3N4

KCS Middle & High School  
2870 Benvoulin Road  
Kelowna, BC  
V1W 2E3

## APPLICATION DOCUMENTS

**Please include the following documents in your application package:**

- Completed **Student Admission Application**.
- Signed **Parental Consent, Commitment & Agreement** and **Legal Residency of Parent** forms.
- Annual Application Fee** (\$200; \$100 early bird until January 31, 2020).
- Enrollment Contract**, with one month's tuition payment if enrolling after July 1, 2020.
- A copy of the student's **birth certificate**.
- A copy of **BC Driver's Licence** and **BC Medical Services Plan card (number needed)** for one parent/guardian.
  - A utility bill copy is required if the address on the driver's licence is not current
- A copy of the **most recent report card**, including those from **previous academic year** and **supporting documents**.

**If applicable, please include:**

- A copy of the student's and/or parent's **landed immigrant/permanent resident/citizenship card**.
- A copy of the most recent **Individualized Education Plan (IEP)** for the student, should one exist.
- A copy of the court order outlining **custody agreement** for student.
- A copy of the court order outlining **legal guardianship**.

*Information collected in this form is collected, used and disclosed by KCS in accordance with the Personal Information Privacy Policy for Parents and Students of KCS; a copy of which is available from the school's Privacy Office*

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# STUDENT ADMISSION APPLICATION

PLEASE CHECK ONE:  New Family Application  Current KCS Family Application

## STUDENT INFORMATION

Student's Legal Name (as it appears on the Birth Certificate)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
LAST FIRST MIDDLE

Student's USED Name (only if different than above): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  M  F  
Month Day Year City Country

Current Grade: \_\_\_\_\_ Grade Applied For: \_\_\_\_\_ Admission Date Requested: \_\_\_\_\_  
Month / Day / Year

Student's First "Home" Language: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Primary Parent Email\*: \_\_\_\_\_ *\*This email will be used for all school correspondence.*

Primary Parent Phone: \_\_\_\_\_

If you do not currently live in Kelowna, when do you expect to relocate to Kelowna? \_\_\_\_\_

## MOTHER'S INFORMATION

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student (check one):  Birth  Adoptive  Step  Foster  Guardian  Ministry

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## FATHER'S INFORMATION

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student (check one):  Birth  Adoptive  Step  Foster  Guardian  Ministry

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## FAMILY INFORMATION

Please list the names and birthdates of all other children in your family.

Name	D.O.B.	Name	D.O.B.

Names of school-aged children not attending Kelowna Christian School with reason:

Indicate why you desire to have your child(ren) educated in a Christian School:

Discipleship is our mission at KCS. What does discipleship mean to you and how is it lived out in your home?

What church do you attend? \_\_\_\_\_

**Only complete this section in the case of separation, divorce or additional guardianship.**

Other Parent/Guardian Name: _____	
Requests to be included in school communications for student?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Requests copy of student report cards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Email: _____	Phone: _____
<b>In the case of Separation, Divorce or Legal Guardianship please explain the living arrangements:</b>  _____	
<b>LEGAL GUARDIANSHIP of this child is awarded to:</b>	
Name(s) _____	and _____
<b>Is there a <u>court order</u> regarding custody?</b> <input type="checkbox"/> YES *If 'Yes', KCS requires a copy of the documents <input type="checkbox"/> NO	

## SCHOOL INFORMATION

Please list the last two schools your child has attended (including preschool if applicable):

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_

## STUDENT SUPPORT

**Has your child ever been assessed for or received Learning Assistance in school?**  YES  NO

(Including: Occupational Therapy, Physical Therapy, Speech Language Pathology, etc.)

If 'Yes', please explain and include a copy of the most recent LP/IEP and/or Psych Ed assessments (if applicable).

**Please check any that may apply to your child:**

ADHD      Anxiety      FAE      Depression      LD (*Learning Disorder*)      ASD (*Autism Spectrum Disorder*)  
*Fetal Alcohol Effects*      *FAS (Fetal Alcohol Syndrome)*      Other:

**Does your child receive any grants or funding from the government?**  YES  NO

**Does your child have an IHCAN assessment or is waiting for one?**  YES  NO

**Has your child ever been expelled from school?**  YES  NO

## MEDICAL INFORMATION

Student's BC Medical Services Plan Card #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**In case of emergency, if parents/guardians cannot be reached, list two local contacts:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**1) Check all life-threatening health conditions that apply to this student:**

*\* A Medical Alert Plan will be created in collaboration with the parents / guardians.*

- Blood clotting disorders (e.g. haemophilia)
- Diabetes
- Epilepsy with a history of Grand Mal (tonic-clonic) seizures in the past 2 years
- Feeding tube
- Heart condition (e.g. heart repair, murmur)
- Severe asthma (e.g. resulted in hospitalization in the past 2 years)
- Special needs due to renal failure, venous access devices, post-transplant
- Anaphylactic or severe allergies (e.g. food, insect stings) – please specify:
  
- Other health conditions – please specify

**2) Describe any non-life-threatening health conditions, which may affect your child's ability to function at school:**

(e.g. vision or hearing impairment, mental health conditions, mild/moderate asthma, anxiety or allergies, etc.)

**3) List any on-going / long-term medications your child is taking** (e.g. medication for ADHD, self-administered inhalers, etc.):

# PARENTAL CONSENT, COMMITMENT + AGREEMENT

Kelowna Christian School exists to provide a community where students can develop a biblical worldview and become responsible, growing disciples of Jesus Christ.

**Please indicate your support for the following statements by signing below:**

- I/We are enrolling our child at Kelowna Christian School because of my/our desire that our child(ren) receive a Christ-centered education as expressed through the School’s mission statement and values.
- I/We and my/our child will support and abide by the school’s vision, mission, values, and expectations as outlined in the student/parent handbook and have reviewed the handbook with my child.
- I/we will attempt to provide a family lifestyle that is supportive of, and consistent with, a belief in Jesus as Lord and Saviour, as described in the School mission statement and values.
- I/We agree to support school policies and regulations, and authorize the school staff to employ such discipline as is deemed wise in support of my child – and as detailed in the student/parent handbook other school regulations and policies, all of which can be found on the school website. I/we understand that the school reserves the right to suspend, or expel any child who fails to comply with the foregoing or whose parents do not fulfill their commitment to the school as set out above.
- This application is hereby submitted with the full understanding of fees and guidelines as outlined in the Continuous Enrollment Contract. I/We attest that the information is true and complete. I/We acknowledge that any falsification of information may result in the nullification of acceptance.

X \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

**Field Trip Permission:**

I give permission for my child to accompany Kelowna Christian School on all field trips during the school year (advance notice will generally be provided). I understand trips follow school policies that cover supervision, first aid, and school approved drivers (policies are published on the school website).

**Privacy of Personal Information Consent:**

The Personal Information Privacy Policy of Kelowna Christian School is posted on our school website, and describes the policies and practices regarding the collection, use and disclosure of personal information about students and parents, including the steps the school has taken to ensure personal and financial information is handled appropriately and securely. At Kelowna Christian School we disclose personal information when authorized by you, when required by law, or when permitted by law. Specifically, you provide Kelowna Christian School consent to publish family names, addresses and phone numbers in a telephone directory distributed to school families, sharing of email addresses for the purpose of school business strictly within the school community, and permission to publish photographs and/or videos of students in school promotional materials including teacher/student blogs and our school website. You understand that it is your responsibility to advise the school in writing if you do not want your child's image used in photography or videos, or family information shared internally or published in the school directory. Please direct any questions or concerns to the school privacy officer.

***I declare that the information provided in this application is accurate to the best of my knowledge, and acknowledge receipt and acceptance of the field trip and privacy statements above. I also provide permission for Kelowna Christian School to contact previous schools or evaluators.***

X \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

## LEGAL RESIDENCY OF PARENT

**To be completed and signed by a parent or legal (court-appointed) guardian.** If legal guardian, please attach a copy of court order appointing you as legal guardian.

### 1. LAWFULLY ADMITTED INTO CANADA

I am (please check one):

- A Canadian citizen
  - Attach proof of residency: Copy of your 1) BC driver's license\* and 2) BC Care Card.
- A landed immigrant
  - Attach copy of 1) landed immigrant status paper, 2) BC driver's license\* and 3) BC Care Card.
- Lawfully admitted to 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 two or more years (or issued for one year, but anticipated to be renewed for one or more additional years).
- Employment authorization (working permit) for two or more years (or issued for one year, but anticipated to be renewed for one or more additional years).
- A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport).
- Other – document description: **(must be cleared with Immigration Canada)**

2. If the address on the driver's license is not the same as on the application, a copy of a utility bill is required.

### 2. RESIDENCY IN BRITISH COLUMBIA

For families moving to British Columbia to take up **permanent residency**, please complete with your new address and check yes. **Please note: driver's license and medical card must be provided within 3 months of relocation.**

I am a resident of British Columbia (please check one):

- YES – Residency Address: \_\_\_\_\_
- NO – I am not a resident of British Columbia.

### CONFIRMING SIGNATURE

\_\_\_\_\_  
Parent/Legal Guardian Name (please print)

X

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_\_\_