



UNITY CHRISTIAN SCHOOL

UNITY

Christian School

"Make every effort to keep the unity of the Spirit through the bond of peace"

ephesians 4:3

STUDENT REGISTRATION FORM

STUDENT:

Child Surname: _____ Child's Given Names (First/Middle) _____

Birthdate: ____/____/____ Place of Birth: _____ Gender: M/F Grade Applying For: _____
YEAR / MONTH / DAY

Child's Mailing Address:

Street: _____

City: _____ Prov: _____ Postal Code: _____

PARENTS:

Father: _____ Home: _____

Address: _____ Cell: _____
(if different from child's)

Employer: _____ Work: _____

Email Address: _____ Marital Status: _____

Mother: _____ Home: _____

Address: _____ Cell: _____
(if different from child's)

Employer: _____ Work: _____

Email Address: _____ Marital Status: _____

If parents are ***separated or divorced***, please articulate custodial arrangements: _____

Date of Entry into elementary school (other than Unity): ____/____/____
YEAR / MONTH / DAY

Date of Entry into Unity Christian School Elementary/Middle/Highschool Campus: ____/____/____
YEAR / MONTH / DAY

Previous School: Name: _____

Street: _____

City: _____ Prov: _____ Postal Code: _____

Names of siblings attending UCS Elementary or UCS Middle/Highschool Campuses:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

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

How would a Christian School support your Christian home-life: _____

Names of other school-aged children ***not*** attending Unity Christian School (Elementary or Middle/High) with reason:

Preschool-aged children:

Name: _____ Birth Date _____ Name: _____ Birth Date _____

Name: _____ Birth Date _____ Name: _____ Birth Date _____

GUARDIANS: (if other than father or mother)

Surname: _____ Given Name: _____

Address: _____ Phone: _____

Employer: _____ Phone: _____

MEDICAL INFORMATION:

Emergency Contact (other than parent): _____ Phone: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Personal Care Card No.: _____ Birth Certificate No.: _____

Emergency School Closure Contact:(Other than parent) _____

Sitter Name: _____ Phone: _____ Address: _____

Does your child have any medical concerns such as: allergies, asthma, diabetes, etc.? Please explain:

ACADEMIC ACHIEVEMENTS

- Attach a copy of your child's most recent report card.
- Describe your child's character traits and learning style.

- Previous academic achievement has been:

Superior___ Above Average___ Average___ Below Average___

- Has the student ever received learning assistance or special education instruction? Yes___ No___

Please explain:

- Has the student ever repeated a grade? Yes___ No___

If yes, state at which grade level and explain reasons:

- How many days of school did the student miss last year? Explain:

- Has your child been referred to any specialists (speech pathologist, allergist, eye doctor, hearing specialist, pediatrician, etc.)?

MEDICAL CONCERNS

- Does your child have any medical, social or emotional conditions that may affect his / her learning or participation in a classroom? If so, please describe.

- Has your child ever been assessed for any medical, social or emotional conditions? If so please describe and include any reports from assessments.

- Has your child experienced behavioral problems in a school environment?

- Does your child take any medication on a regular basis? If yes, please explain:

- Is there anything else you would like us to know about your child?

Legal Residency of Parent

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

(Lawfully Admitted into Canada)

1. I am (please one):

	a Canadian citizen <i>(if not born in Canada, please attach photocopy of citizenship paper/card).</i>
	a landed immigrant. <i>(attach photocopy of landed immigrant status paper)</i>
	lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and <i>attach photocopy of document</i>): <input type="checkbox"/> admitted as a refugee claimant <input type="checkbox"/> a person claiming refugee status who has a letter of no objection
	in Canada with a 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)
	in Canada with an 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)

(Residency in British Columbia)

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

	Yes Residency Address:
	No, I am not a resident of British Columbia.

Confirming Signature:

3. Parent's / Legal Guardian's Name (Please Print): _____

Parent's / Legal Guardian's Signature:(Please sign): _____

Today's Date: _____ / _____ / _____
Month Day Year

I/We the undersigned, give my/our consent to members of the Unity Christian School to transport my/our child/ren for school functions or to the hospital in case of emergency.

Date: _____ Signature(s): _____

Bus Services is available for an additional fee:

<input type="checkbox"/>	Yes we would like bus service
<input type="checkbox"/>	No we do not need bus service
<input type="checkbox"/>	We would like more information on the bus service

REFERENCES:

Church that the family attends: _____

Pastor: _____ Phone: _____

Are you members: Yes: _____ No: _____

Please give one personal reference:

Name: _____ Phone: _____ Address: _____

Note: UCS may contact the above referees with respect to this registration.

Note: Government requirements state that we MUST view your child's birth certificate and receive a copy of their immunization record (if available) and legal residency form WHEN YOU ARE RETURNING THIS REGISTRATION FORM, or your child cannot be registered. New families will not be contacted for an interview without of these documents on file.

PARENT OR GUARDIAN COMMITMENT:

- I give permission for my child(ren)'s name(s) & picture(s) to be used in school publications/newsletters.
- I give permission for my child(ren)'s name(s) & picture(s) to be used on the school's website.
- I give permission for my phone number/address to be published in the school directory and accessed for school purposes only.
- I hereby authorize Unity Christian School to request information, including confidential psycho-educational reports/information, from my child's previous school.

In making this application, I understand and agree with the purpose of the school and indicate that I enroll my child with an earnest desire that s/he will receive an education based on Christian principles. I understand that my child is subject to the authority of the classroom teachers and school administration and I agree to work with them and support them in this endeavor. If my child is transferring from another school, I give permission for UCS to contact this school for any applicable information, including information regarding our financial obligations to said school. UCS reserves the right to sever our relationship with a family should fundamental disagreements arise over philosophy, programming, testing / assessment, policy or procedures, which would preclude our ability to offer a program of Christian education for the student.

Date: _____ Signed: _____