



# APPLICATION FOR ADMISSION 2019-2020 DOMESTIC STUDENTS

SURREY CHRISTIAN SCHOOL  
EDUCATING FOR WHOLENESS

**FOR OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_  
 Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Accepted: Y  N  Waitlist   
 School Bus: Y  N  Return  AM  PM

\$200 appl. fee: cash  chq  online  N/A       1st month deposit cash  chq  N/A

Cit.  R/C  SLP  T/C  P/R  E/R  Cons.  PAD  Gr.8-12 C/S  Gr.7-12 Cmp. Form

**THIS FORM IS TO BE COMPLETED ON BOTH SIDES BY THE APPLICANT'S PARENT/GUARDIAN.**

First child's full legal name: \_\_\_\_\_  
First Middle Last Preferred Common Name

Gender: M  F       Requested Grade: \_\_\_\_\_      Name of last school attended \_\_\_\_\_  
 If K-7 please indicate which campus:  Fleetwood     Cloverdale

BC Personal Health (care card) #: \_\_\_\_\_      Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Country of Birth: \_\_\_\_\_      Residency Status: Cdn. Citizen  Permanent Resident

Aboriginal Ancestry of student: Yes  No  (this includes First Nation, both Status/Non-Status, on reserve/off reserve, Inuit and Metis students)

Second child's full legal name: \_\_\_\_\_  
First Middle Last Preferred Common Name

Gender: M  F       Requested Grade: \_\_\_\_\_      Name of last school attended \_\_\_\_\_  
 If K-7 please indicate which campus:  Fleetwood     Cloverdale

BC Personal Health (care card) #: \_\_\_\_\_      Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Country of Birth: \_\_\_\_\_      Residency Status: Cdn. Citizen  Permanent Resident

Aboriginal Ancestry of student: Yes  No  (this includes First Nation, both Status/Non-Status, on reserve/off reserve, Inuit and Metis students)

Third child's full legal name: \_\_\_\_\_  
First Middle Last Preferred Common Name

Gender: M  F       Requested Grade: \_\_\_\_\_      Name of last school attended \_\_\_\_\_  
 If K-7 please indicate which campus:  Fleetwood     Cloverdale

BC Personal Health (care card) #: \_\_\_\_\_      Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Country of Birth: \_\_\_\_\_      Residency Status: Cdn. Citizen  Permanent Resident

Aboriginal Ancestry of student: Yes  No  (this includes First Nation, both Status/Non-Status, on reserve/off reserve, Inuit and Metis students)

**HOUSEHOLD INFORMATION:**

**Primary Phone Number:** \_\_\_\_\_      **Primary Email Address:** \_\_\_\_\_

**The student(s) will live with:** Both Parents  Mother  Father  Guardian  Foster parent  Other: \_\_\_\_\_

If a court order has been made concerning the care/custody of the student(s) please attach a copy.

**Mailing address of student(s):**

House & Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Mother:** \_\_\_\_\_  
First Name Last Name E-mail (if different than above)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Alumni of SCS or FVCHS? Yes  No       \_\_\_\_\_  
Work Phone Cell Phone

**Father:** \_\_\_\_\_  
First Name Last Name E-mail (if different than above)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Alumni of SCS or FVCHS? Yes  No       \_\_\_\_\_  
Work Phone Cell Phone

**CHURCH INFORMATION:**

Name of Church that Family Attends: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Church address: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_ Church Email Address: \_\_\_\_\_

We do not currently attend a church

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**STUDENT CONTACT INFORMATION** (for students entering grades 8-12 only):

Personal email address of student/s (required): \_\_\_\_\_

Personal cell number of student/s (optional): \_\_\_\_\_

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Family Doctor: \_\_\_\_\_ Doctor Ph: \_\_\_\_\_

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Will your child(ren) require school bus transportation?  Yes  No      If yes:  Return trip  One way morning  One way afterschool

See page 2 of "Commitment Form and Tuition Information" for school bus fees. If you check "yes" we will forward your contact information to the Combined Christian Schools Transportation Association (CCSTA) which operates the school buses for several Christian schools in the area.

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How did you hear about our school?  Friend/family  Newspaper  Website  Social media Other \_\_\_\_\_

Is there someone we can thank for referring you to our school?

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

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Why are you considering our school?

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Is one or both of the applicant's parents/guardians an alumni of Surrey Christian School or Fraser Valley Christian High School? Yes  No   
 If yes, please print name(s) and grad year here:

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Do you have other children in grades K-12 enrolled elsewhere? Yes  No

If yes, what is the name of the school? \_\_\_\_\_

Do you have other children under 5 years old: Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

**CONSENTS**

**1. Photograph Publishing Consent:** Throughout the school year photographs are taken of various student activities. I/we consent to have the student's picture published in the school newsletter, publications or on our website. The school only publishes first names of students.

Yes  No  Parent/Guardian Signature: \_\_\_\_\_

**2. Protecting Your Personal Information:** Surrey Christian School collects and uses personal information for the sole purpose of maintaining accurate student records in the administrative offices, and to respond immediately to an emergency. SCS commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent unless permitted under the PIPA (Personal Information Privacy Act) legislation. Please note that your personal data stored in our online student information system, *MySchool Management*, is housed in the European Union, not in Canada. If you have questions about SCS's use, storage or disclosure of personal information, please contact our privacy officer. I/we consent to having SCS collect, use and disclose this personal information as outlined above.

Yes  No  Parent/Guardian Signature: \_\_\_\_\_

I consent to the school office providing my email and phone # to other classroom parents for the purposes of play dates, birthday party invitations etc.

Yes  No  Parent/Guardian Signature: \_\_\_\_\_