



## APPLICATION FOR ADMISSION 2019-2020 INTERNATIONAL STUDENTS

<b>FOR OFFICE USE ONLY</b>		<input type="checkbox"/> New from overseas
Referred by: _____	Date Rec'd _____	<input type="checkbox"/> Transfer within Canada
\$400 Appl. fee: cash <input type="checkbox"/> chq <input type="checkbox"/> credit <input type="checkbox"/> wire <input type="checkbox"/>	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Interview Date: _____
Cit. Papers <input type="checkbox"/> R.C. <input type="checkbox"/> T&C <input type="checkbox"/> Emerg. Rel. <input type="checkbox"/>	Consent <input type="checkbox"/> Crse Sel. <input type="checkbox"/>	Time: _____
		School Bus: Y <input type="checkbox"/> N <input type="checkbox"/>
		Return <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>

**STUDENT INFORMATION**

**1. Student's full legal name:** \_\_\_\_\_  
First Middle Last Name Preferred English Name

Gender: M  F  Requested Grade: \_\_\_\_\_ Name of last school attended \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality: \_\_\_\_\_ BC Personal Health #: \_\_\_\_\_  
YYYY MM DD

**2. Student's full legal name:** \_\_\_\_\_  
First Middle Last Name Preferred English Name

Gender: M  F  Requested Grade: \_\_\_\_\_ Name of last school attended \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality: \_\_\_\_\_ BC Personal Health #: \_\_\_\_\_  
YYYY MM DD

**3. Student's full legal name:** \_\_\_\_\_  
First Middle Last Name Preferred English Name

Gender: M  F  Requested Grade: \_\_\_\_\_ Name of last school attended \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality: \_\_\_\_\_ BC Personal Health #: \_\_\_\_\_  
YYYY MM DD

**PARENT INFORMATION:**

**Mother:** \_\_\_\_\_  
First Name Last Name E-mail

\_\_\_\_\_  
Cell Phone Birth Date

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

**Father:** \_\_\_\_\_  
First Name Last Name E-mail

\_\_\_\_\_  
Cell Phone Birth Date

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

**Home Country Address:** \_\_\_\_\_  
 \_\_\_\_\_

**STUDENT RESIDENCE WHILE ATTENDING SCHOOL**

The student(s) will live with: Parents  Mother  Father  Guardian  Homestay  Relative

Mailing address of student(s) while attending school:

House & Street

City

Postal Code

If the student will be living with a primary caregiver other than a parent while attending school, please provide contact information below.

Name(s) of Primary Caregiver(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Caregiver's email address: \_\_\_\_\_ Primary Caregiver's cell phone: \_\_\_\_\_

Name of local church that parents or homestay family attends:

Church address:

Church Phone:

Local Family Doctor:

Doctor Ph:

How did you hear about our school? Friend/family  Agent  Website  other \_\_\_\_\_

Why are you considering our school?

**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: \_\_\_\_\_