



Abbotsford Christian School

GENERAL APPLICATION PROCEDURES & INFORMATION

Abbotsford Christian School seeks to serve Christian families by providing a secure learning environment in which God's children can continue to explore, experience and evaluate all of life under God. We aim to nurture students in the discovery and development of their abilities and unique gifts so that they are enabled to be faithful, discerning, obedient and creative servants of God and of neighbors, and stewards of His creation.

Please complete and submit the following:

- Application For Registration**
- Application Fee**
\$50 per student processing fee made payable to: Abbotsford Christian School (non-refundable)
- Student Profile** - one per student
- Academic Transcripts or Reports**
Please enclose last year's most recent
- Ministry of Education Grant Approval**
Please attach a copy of legal documentation such as:
 - Birth Certificate
 - Canadian Citizenship
 - Student Visa and Study Permit
- Pastoral Reference Letter**
Please enclose or arrange to have it sent to the school
- Partnership Agreement**

You will be contacted for a
Personal Interview

- **Notification of Admission:** by School Principal
- **Availability:** Students will be accepted based on space and/or suitable program availability or waitlisted

Questions?
Contact the Administration Office - 604-755-1891



Abbotsford Christian School

APPLICATION FOR REGISTRATION

Family Name: _____ **Date:** _____

Student Name: (last, first, middle) _____ Birth date: _____ Grade: _____

For office Use Only:
Date Rec'd: _____
Reg. Fee: _____
Accepted by: _____
Date: _____
Start Date: _____

School/Preschool previously attended:
Name: _____ Address: _____

Child(ren) entering Kindergarten in September 2012? Y N

Parent/Guardian Information:

Mother/Guardian: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone: _____ Cell: _____
Email: _____ Church regularly attending: _____
Employer: _____ Self Employed: Yes ___ No ___
Occupation: _____ Work Phone: _____
Canadian Citizen: Yes ___ No ___ If no: Landed Immigrant: Yes ___ No ___

Father/Guardian: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone: _____ Cell: _____
Email: _____ Church regularly attending: _____
Employer: _____ Self Employed: Yes ___ No ___
Occupation: _____ Work Phone: _____
Canadian Citizen: Yes ___ No ___ If no: Landed Immigrant: Yes ___ No ___

Person to call in case of emergency if parents cannot be reached: _____
Phone: _____

Marital Status: Married Divorced Widowed Separated Single

Family Doctor: _____ Telephone: _____

Family Dentist: _____ Telephone: _____

Church Affiliation is a Requirement

Church Name: _____ Pastor's Name : _____
Members: Y N Years in Attendance: _____ Do you attend weekly? _____

ABBOTSFORD CHRISTIAN SCHOOL

APPLICATION FOR REGISTRATION cont.

Tuition: Method of Payment

- In full on first day of school (2% discount)
- Two installments - Sept. 1 & Feb. 1st (1% discount)
- 10 month - pre-authorized payment plan
- 12 month - pre-authorized payment plan

Questions:

How do you promote a Christian lifestyle at home?

Please give a statement of your personal Christian faith.

Why do you wish to have your child(ren) enrolled at ACS?

What are your expectations of Abbotsford Christian School?

Has your child(ren) ever been suspended from school or placed on probation? Explain:

Are there any special needs/circumstances we should be aware of? Explain:

How did you hear about Abbotsford Christian School? Church _____ Newspaper

Yellow Pages Website Newspaper Referred by family/friend _____

Tuition being paid for by other
than applicant

Name: _____

Address: _____

Phone: _____

Relationship: _____

Signature: _____



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KINDERGARTEN STUDENT PROFILE

Parent's Name:

_____ (Last Name) (Mother's Name) (Father's Name)

Student's Name: _____ Gender ____ Date of Birth: _____
 (First) (Middle) (ddmmyy)

Place of Birth: _____ Bus Route: _____
 (City) (Country) (if applicable)

Student Health Care Number: _____

List chronologically all children in your family: (0-18 years of age). Use back page if necessary.

Name	Birthdate (ddmmyy)	Grade (in Sept.)	Name of School Presently Attending

Usually my child likes to play with:

brother/sisters by him/herself friends cousins neighborhood children

Other (Explain) _____

My child likes to pretend: _____

When I am with my child we usually: _____

For his/her age, do you consider your child to be:

immature average mature

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident).

Over

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KINDERGARTEN PROFILE cont.

Playschool or daycare (if attended): _____ Length of program _____

Additional activities (Story hour, swimming lessons, t-ball, minor hockey, Awana, Cubbies etc.)

What medical information would help us understand your child better (birth complications, speech, hearing, allergies, asthma, heart, vision, development, etc.)

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

_____ 7 of 10 _____

Has the student ever received any dia No

Dates of testing (if applicable) _____

ormation available to school? Yes No

Explanation: _____

Do any agencies such the Child Development Centre, Health clinics, speech pathologists have reports on your child? If so, please attach copies _____

Parental contribution to the class:

Please list any specific talent, skill, job, career, or hobby you would be willing to share with class (e.g. Music, cooking, crafts, woodcarving, dental assistant, beekeeper, etc.)

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

Please enclose:

- Copy of Birth Certificate
- Copy of Immunization

The information collected on this form is collected, used and disclosed by Abbotsford Christian School (ACS) in accordance with the Personal Information Privacy Policy for Parents and students of ACS, a copy of which is available from the school's Privacy Officer.



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KINDERGARTEN SCHEDULING

Parent's Name: _____

Child's Name: _____ Phone Number: _____

Does your child have a friend he/she would like to be with? Yes No

If yes, please provide name of friend: _____

Please check one of the following:

Choice #1
Full-time kindergarten

Choice #2
Half-time kindergarten

I have no preference regarding the class placement of my child.

Tuesday, Thursday and the occasional Monday (8:30 - 2:45 p.m.)

I request my child to be placed in this class.

Reasons: _____

Wednesday, Friday and the occasional Monday (8:30 - 2:45 p.m.)

I request my child to be placed in this class.

Reasons: _____

Child's Name _____ is a(n)

only child

oldest child

Birthdate: ____/____/____

middle child

Day/Mo./Yr.

youngest child



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MINISTRY OF EDUCATION GRANT APPROVAL

Legal residency of Parent/Guardian:

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

1. I am (please mark one):

A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)

A landed immigrant (attach photocopy of landed immigrant status paper)

Lawfully admitted to Canada under one of the following documents:

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)

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

Yes, Residence Address: _____
Street

City Postal Code

No, I am not a resident of British Columbia

Signature: Parent/Legal Guardian

Print Name

Date



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PASTORAL REFERENCE

PARENTS: Please have your pastor complete this form as part of your application.

Name: _____
(Surname) (Mother's Name) (Father's Name)

Dear Pastor:

Your name has been given as reference by the parent(s) indicated above who are seeking to enroll their child(ren) in Abbotsford Christian School. We would appreciate your cooperation in taking a few minutes to answer these questions:

Are the parents members of your church? Yes No Other

Do the parents attend worship services: Regularly Occasionally Very Seldom

Are the parents active in church activities? Yes No

Please specify: _____

Does the student(s) attend worship service: Regularly Occasionally Very Seldom

Is the student active in church activities? : Yes No

Please specify: _____

Other pertinent information: _____

Church: _____ Phone number: _____

Address: _____ City: _____

Postal Code: _____

Pastor's Name: _____ Signature: _____

Please mail (or fax) the completed form to: Abbotsford Christian School
35011 Old Clayburn Rd.
Abbotsford, B.C., V2S 7L7
Phone: 604-755-1891 Fax: 604-850-6978

All information will be respected with complete confidentiality.

Thank you for your time and cooperation.



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PARTNERSHIP AGREEMENT

At Abbotsford Christian School we believe educating students is a shared commitment between school, parents, and the students themselves. It is our goal that every person who works, serves and learns at Abbotsford Christian School would develop the heart and mind of Christ.

Abbotsford Christian School will:

- Fulfill the mission and vision of Abbotsford Christian School.
- Teach with and from a Christian perspective in all aspects of the school’s curriculum and activities.
- Encourage excellence for each student in all aspects of learning and character development - intellectual, emotional, physical, social and artistic. This includes providing learning opportunities beyond the classroom that promote the growth of students in the spiritual formation and seek to strengthen their faith commitment.
- Pray for your child, your family and the school.
- Provide and model opportunities for all students to participate in Christian devotional and service activities.
- Maintain consistent communication regarding your child and the school and provide opportunities for parent involvement.
- Show respect for your child and your family and ensure that representatives of the school model a Christ-like attitude toward students and families.
- Uphold standard in expectations of student behavior and in discipline of students’ misbehavior as laid out in our policies and procedures manuals.

Abbotsford Christian School (signature)

Date

As Parents/Guardian, I/We:

- Agree with the vision and mission statements of Abbotsford Christian School and understand that our child’s education will be in harmony with the constitution and by-laws of the governing body of the school, the policies of the school and that our child(ren) will be subject to the authority of the Board of Directors, the Administration, and the Instructional staff.
- Will pray for and encourage students and staff.
- Understand that the grade placement of our child(ren) will be made upon the recommendation of the principal in consultation with the parent/guardian.
- Understand that we are required to attend the **New Parent Orientation Session**. (Separate invitations will be mailed out).
- Support Abbotsford Christian School through volunteering where the need arises in helping build and grow the school Community and student experience (see Volunteering form).
- Support ACS fundraising initiatives to ensure the long term sustainability of the ministry at ACS (see Fundraising form).
- Will adhere to the policies relating to school fees (see Tuition/Fees form).
- Will adhere to the Community Standards Form.

We have read and understand the partnership agreement.

Parent(s)/Guardian(s) - Sign & Print Name

Date



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VOLUNTEERING/FUND-RAISING FORM

Abbotsford Christian School partners with families to provide a fully comprehensive Christian education. Fundraising and Volunteering are essential components in this partnership, therefore we ask that each family participate.

Volunteering

Benefits:

- Allows ACS to enhance the community of families and staff and also contributes to controlling costs for Society program Fees.

How you can help:

- In September a sample list of volunteer opportunities will be sent home in order to match interests and talents with available tasks; please indicate your interests and return to the Community Relations Coordinator as early as possible.
- Opportunities which require volunteer assistance include: classroom help, coaching, transportation, administration, special events, service on committees/boards etc. Parents are encouraged to get involved in the areas that are of interest and suit their gifts and timetables.

Fund-raising

Abbotsford Christian School depends on two funding models to effectively carry out it's mission.

- **Financial Model:** Uses tuition and government funding to cover most of our operating expenses. Tuition is set to cover 90% of our operating expense and none of our capital expenses. We do this to make Christian education as affordable as possible.
- **Faith Model:** Relies on stewardship to fund our capital expenses. Our property, building and equipment come from the faithful, obedient, and sacrificial giving of people who understand the critical importance of our mission in the lives of God's children and their responsibility as stewards.

Our **Faith model** offers people the opportunity to be faithful and practice the biblical principle of stewardship. As a school we need to have faith that the Holy Spirit will work in the hearts of our supporting community and provide the other 10% of our operating costs as well as the funds for our capital expenses through financial giving.

Opportunities to give:

- Annual Drive
- Auction
- Celebration Gala
- Capital Campaign



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PERSONAL INFORMATION PARENTAL CONSENT FORM

FAMILY NAME: _____

In compliance with the Personal Information Privacy Act, Abbotsford Christian School (ACS), requires the consent of parent(s) or guardian to collect, store and utilize personal information. Please carefully read the information below and return this form to the ACS Administration Office.

1. I consent to having Abbotsford Christian School (ACS) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, report cards, 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 ACS (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with ACS, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in ACS's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of ACS.

Signature: _____ Date: _____

This information is required in order to register your child at this school 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. For more information, the privacy officer for ACS is Julius Siebenga and may be reached at 604-755-8103.

ACS 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 and instruction of your child(ren) at this school, 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.

2. I consent to having photographs and work samples of my child(ren) used by ACS in the yearbook, newsletters and other promotional material.

Signature: _____ Date: _____

3. ACS prepares an annual phone directory that includes information on ACS board, families, busses, classes etc. **Your signature below gives ACS permission to print your phone number and address in our phone directory.**

Signature: _____ Date: _____

Your signature below gives ACS permission to print your EMAIL address in our phone directory.

Signature: _____ Date: _____