



RE-REGISTRATION FORM 2011/12

DUE DATE: February 12, 2011

Please complete this form and **submit to the campus office A.S.A.P.** If you have changed your doctor, dentist, emergency number, or church since September, please let the school office know by calling 604 755-1891 Elementary ext 1001; Middle ext 2001; Secondary ext 3001

WE NEED YOUR EMAIL ADDRESS - in our move to electronic communication please provide your updated email address (on back page)

NAME:	
FULL LEGAL NAME:	
BDATE: (m/d/yy)	
MED NO:	
PARENTS:	
ADDRESS:	
CITY/PROV:	
PC:	
EMAIL: (family)	
STUDENT#:	
PEN#:	
2011/12 GRADE:	
HOME PHONE:	
WORK PHONE: (M)	
WORK PHONE: (F)	
CELL PHONE: (M)	
CELL PHONE: (F)	
OTHER PHONE:	
HOME CHURCH:	

I/We wish to re-register the above named student for the 2011/12 year: YES NO

The above named student will not be returning to ACS because _____

THE FOLLOWING 2 SECTIONS (Kindergarten and/or Preschool) NEED ONLY TO BE FILLED OUT ONCE PER FAMILY:

Please add additional children who are eligible for **KINDERGARTEN** (must be 5 years old by December 31st)

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Please add additional children who are eligible for **PRESCHOOL** (must be 3 years old by December 31st.)

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Please see other side – signature(s) required

PARENTS/GUARDIANS' ACKNOWLEDGEMENT

- Will maintain a Christian home where Christ is honored, where prayer and bible reading are a part of my/our daily experience and where lifestyle choices are consistent with our call to living in obedience to God's Word.
- Will maintain active participation in a bible-believing, Christian church and regularly attend worship services with my/our children.
- Will pray for and encourage students and staff.
- Agree with the vision and mission statements of Abbotsford Christian School (ACS) and understand that our child's education will be in harmony with the constitution and by-laws of the governing body 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.
- Support ACS through volunteering and fundraising initiatives where the need arises to help build and grow the school community and ensure the long term sustainability of the ministry at ACS.
- Will pay the tuition required to support ACS.
- Understand that the grade placement of our child(ren) will be made upon the recommendation of the principal in consultation with the parent/guardian.

By affixing my/our signature(s) to this Application/Re-registration form, I/we indicate my/our agreement with this Parent/Guardian Acknowledgement.

_____	_____	_____
(Parent/Guardian Name)	(Parent/Guardian Signature)	(Date)
_____	_____	_____
(Parent/Guardian Name)	(Parent/Guardian Signature)	(Date)

Your signature below will give ACS permission to print your email address in our phone directory

_____	_____
(signature)	(date)

Please note:

- *ACS is in compliance with the Personal Information Privacy Act of BC.*
- *Information must be provided regarding legal custody arrangements and/or living arrangements. In absence of information, both parents will have access to the student(s) & student(s) records. If legal guardian, attach a copy of court order appointing you as legal guardian.*