



POWELL RIVER CHRISTIAN SCHOOL
Student Registration

Thank you for considering Powell River Christian School for your family.

Powell River Christian School has been delivering a faith-based education to the families of Powell River since 1994. Today, PRCS is home to nearly 100 students, attending from Preschool to Grade 9.

PRCS offers the required B.C. Curriculum from the Ministry of Education integrated with the truth of God's Word woven through every subject, acknowledging His presence in all areas of our life and work. Our mission is a desire for our children to excel academically, be children of integrity, and impact their world for Christ. We believe that this can be accomplished only as Christ is made central in their lives. We endeavour to be a school where prayer and the Word of God is central and where Jesus reigns in the hearts and minds of our children.

We believe strongly in the Christian community and in the partnership of home, school and church in the education of children. You as parents/guardians are an integral part of Powell River Christian School and are given numerous opportunities to become involved as we feel it is vital to the wellbeing of our students and our school.

Again, we thank you for your interest in PRCS. We encourage you to read the enclosed information and also visit our website for additional insight into our school. Feel free to contact us at any time with any questions you may have.

We look forward to hearing from you very soon!

Sincerely,

Ms. Jamie McGougan

Principal

Powell River Christian School



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APPLICATION PROCEDURE

Application at Powell River Christian School should follow these steps:

Parental Visit

Parents are encouraged to attend our Open House and/or schedule a visit to our school to become familiar with the school and its programs.

Application

An application for admission package for Powell River Christian School can be obtained from the school office. Once the admission package has been completed return to PRCS for review.

Family Interview

After review of the completed application, the Administrative Assistant will contact the applicant's parents/guardian to schedule a family interview. The applicant must be present for the family interview.

Board Approval

At the time of acceptance, ten post-dated cheques covering tuition fees for the entire school year must be provided. Additional fees and costs (textbook fees, janitorial fees, and uniforms) must be paid at this time. Alternative tuition fee payments must be arranged with the Financial Advisor



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STUDENT INFORMATION

Legal Name: _____
First Middle Last

Preferred first name: _____ Preferred last name: _____

Birth Date: _____ Home Phone: _____ SIN# _____
YYYY/MM/DD

Gender: M F Student is: Canadian Citizen Perm. Resident On Student Visa

(Photocopies of birth certificate and residency documents required.)

Expiry date of residency document: _____
YYYY/MM/DD

Language: First language spoken at home, if not English: _____

Mailing Address: _____
(House and Street or Box Number) (City/Town) (Province) (Postal Code)

Last school attended: _____ Location (City/Town/Province): _____

School jurisdiction: _____ Grade: _____ last completed or _____ current

SIBLING INFORMATION

If the student has siblings attending other schools, please list name, birth date (YYYY/MM/DD) and school:

_____	_____	_____	_____	_____	_____
Name	Birth date	Grade	Name	Birth date	Grade
_____	_____	_____	_____	_____	_____
Name	Birth date	Grade	Name	Birth date	Grade



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PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

Contact 2 (parent/guardian)

First & last names: _____

First & last names: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Home phone: _____

Home phone: _____

Cell phone: _____

Cell phone: _____

Work phone: _____

Work phone: _____

Email address: _____

Email address: _____

Student is living with (check all that apply) Contact 1 Contact 2 Other

EMERGENCY CONTACT INFORMATION

1) First & last names: _____

2) First & last names: _____

Relationship to student: _____

Relationship to student: _____

Address: _____

Address: _____

Home phone: _____

Home phone: _____

Cell phone: _____

Cell phone: _____

Work phone: _____

Work phone: _____



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REFERENCES

Pastoral Reference(s) _____ Contact # _____

Personal Reference(s) _____ Contact # _____

MEDICAL INFORMATION

Medical Concerns (allergies, medical conditions, etc.): _____

Does your child require medication? _____ If yes, what type? _____

If your child has a severe allergy or medical condition or the school staff will be required to administer medication, please ensure to fill out the **Medical Alert Form** from the school office.

Personal Health Number: _____ **Immunization up to date?** _____

Family Physician: _____ **Phone number:** _____

Family Dentist: _____ **Phone number:** _____



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FIRST NATIONS/METIS/INUIT INFORMATION

Indian Affairs Information Band: _____ Treaty: _____

If you wish to declare that you are an Aboriginal person, please specify:

Status Indian/First Nations Non-Status Indian/First Nations Metis Inuit

Living on Reserve: Yes No

The Ministry of Education is collecting this personal information pursuant to Section 33(3) of the Freedom of Information and Protection of Privacy Act, as the information relates directly to and is necessary to meet its mandate to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.



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PERMISSION TO POST STUDENT MEDICAL ALERT FORM

The Freedom of Information and Protection of Privacy Act (FOIP) sets controls and standards on how school boards collect, use, disclose and dispose of the personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (student's name, picture and medical information) as listed on the Medical Alert Form in the staff room. We understand that the student's medical information is provided to us in confidence and it will be protected and used in compliance with the FOIP Act.

I, _____ (parent/guardian) hereby grant consent to Powell River Christian School to post my child's information as listed and described on the Medical Alert Form.

Full Name of Student

Name of Parent/Guardian Printed

Signature of Parent/Guardian

Date of Consent

Questions or concerns regarding this information may be directed to the Powell River Christian School Principal.
6960 Quesnel Street, Powell River, V8A 1J2 (604) 485-0006



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PERSONAL INFORMATION CONSENT FORM

1) I consent to having Powell River Christian School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, most recent report card, 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 PRCS (a) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with PRCS; (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in PRCS' 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 its agents, contractors and service providers for PRCS.

This information is required in order to register your child at PRCS and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in our school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer at PRCS is the principal (Jamie McGougan) and may be reached at (604 485-0006)

Signature: _____

Date: _____

2) I consent to having photographs and work samples of my child(ren) used by PRCS in newsletters and other promotional material such as school brochures. If, not what is acceptable to you?

Signature: _____

Date: _____

3) PRCS prepares a family phone an annual phone list for purposes such as carpool list, class list, etc. and put it in a phone directory. If you DO NOT wish to have your phone number and address included, please indicate: _____ No

Signature: _____

Date: _____



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LEGAL RESIDENCY OF PARENTS - FORM A

FORM A (If parents are deceased, use Form B)

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.

I am (please check one with an **X**):

- 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 (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for one year or longer
 - Employment authorization (working permit) for one year or longer
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other - Document description: _____

Must be cleared with Immigration Canada

I am a Resident of British Columbia (please check one with an **X**):

Yes Residency Address: _____
Street Address

City

Province

Postal Code

No I am not a Resident of British Columbia

Confirming Signature

Parent's / Legal Guardian's Name: _____

Parent's / Legal Guardian's Name: _____

Date: _____



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LEGAL RESIDENCY OF PARENTS (Deceased) - FORM B

FORM B

To be completed and signed by a knowledgeable adult (one who knows the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.

The student's deceased parent was at time of death:

- A Canadian citizen
- A landed immigrant

The student's deceased parent was at time of death a Resident of British Columbia (please check one):

- Yes

Residency Address: _____
Street Address *City* *Province* *Postal Code*

- No, was not a Resident of British Columbia

Confirming Signature

Knowledgeable Adult's Name: _____

Knowledgeable Adult's Signature: _____

Date: _____



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ACADEMIC HISTORY

Schools attended: (start with most recent)

School	Location	Year	Teacher
_____	_____	_____	_____

School	Location	Year	Teacher
_____	_____	_____	_____

Please include with this application a copy of the two most recent report cards issued by the school presently being attended.

STUDENT INFORMATION

Describe your child's strengths and interests:

Has your child experienced any social or emotional issues at school? Yes No
If yes, please explain:

Has your child experienced behavioural problems at school? Yes No
If yes, please explain:

Has your child been involved in formal disciplinary action at school? Yes No
If yes, please explain:



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ENGLISH LANGUAGE LEARNING

Is English your child's first language? Yes No

If no, what is first language?

Is your child's current/prior schooling in any language other than English? Yes No

If yes, what language?

May your child possibly require English Language Learning instruction? Yes No

LEARNING ASSISTANCE

Has your child repeated any grades? Yes No

If yes, which grade: _____ Year: _____

Has your child had, or is your child currently being tutored outside of school? Yes No

If yes, please indicate when and subjects: _____

Has your child received, or is your child receiving, Learning Assistance at school? Yes No

If yes, please describe the accommodation that they are receiving,

Has your child had an "adapted" or "modified" notation on any report cards? Yes No

Has your child received, or is your child receiving any special services such as speech language therapy, physical therapy, occupational therapy, behaviour intervention, counseling, etc.? Yes No

If yes, please explain:

Has your child undergone an assessment of any kind (e.g. psycho-educational, speech language, sight, hearing, physical therapy, occupational therapy, medical assessment, etc)? Yes No

If yes, please describe the type of assessment and attach a copy of assessment results:



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Has your child been diagnosed with ADD, ADHD, ODD, FAS, ASD, Asperger's Syndrome, Sensory Disintegration, Aggression, or Anxiety/Behaviour issues? Yes No

If yes, please provide your child's diagnosis and attach a copy of any documentation:

Has your child been, or is your child currently designated as a child with Special Needs in a BC? Yes No

If yes, please provide category/designation:

OTHER

Has there been Social Services involvement regarding your child? Yes No

Are there any court orders regarding custody of your child? Yes No

If yes, please explain (*provide a copy of relevant documentation*)



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PARENT AGREEMENT

I have read the Constitution & Bylaws and the Parent/Student Handbook and fully understand the commitment I am making.

I have discussed all items in the Handbook relating to students with my child(ren). I am supportive of the school's philosophy, aims and objectives and agree to have my child(ren) taught in accordance with them. I understand the standards of dress code, conduct and policies set forth by Powell River Christian School in the Parent/Student Handbook, and agree to support and uphold these standards and policies.

I authorize Powell River Christian School to employ such discipline as it deems wise and appropriate for my child and agree to cooperate when the school administration feels it is necessary to have a conference with the parents/guardians.

I agree to pay annual tuition fee with one payment or by ten post-dated cheques deposited with the school on or before the first day of September. If circumstances prohibit my payments from being on time, I will make an appointment with the Treasure to work out an acceptable means of payment.

I realize that all students are expected to work at or close to their ability level and that all students are expected to follow the student rules of conduct. I understand that Powell River Christian School reserves the right to suspend or expel any student who fails to comply with the established regulations and discipline procedure.

I agree to uphold and support the high academic standards of Powell River Christian School by providing a place at home for my child(ren) to study and I pledge to give my encouragement to the end that homework and assignments will be completed.

I agree to attend the Parent/Teacher Conferences and will support my child(ren) by attending school functions and meetings where possible.

I have completed the Student Application Form. I now wish to proceed and arrange an interview with the Principal, Education committee member and/or Board representatives.

I will bring a copy of my child(ren)'s report card(s) to the interview.

I realize that registration in some or all grade levels may be limited due to student numbers and limited space, and am willing to place our child(ren)'s name(s) on a waiting list if it is necessary.

Signature of Father/Guardian _____

Signature of Mother/Guardian _____



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CERTIFICATION

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief. I also certify that I have received and read the brochure explaining the implications of the Freedom of Information and Protection of Privacy (FOIPP) Act, and I am aware of the uses that will be made of personal information collected herein:

Signature of Parent/Guardian

Date