

SASKATOON CHRISTIAN SCHOOL

Christ-centred Education



www.saskatoonchristianschool.ca

New Family Application

Family Information

Family Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email Address: _____

SECTION I – STUDENT INFORMATION

1. Surname _____ First Name _____ Middle Name _____

Applying for Grade: _____ M F Birth date: MM/DD/YY ___/___/___/___

Citizenship: CDN Citizen Other: _____ Country of Birth: Canada Other: _____

Previous School: _____ Sask. Health #: _____

2. Surname _____ First Name _____ Middle Name _____

Applying for Grade: _____ M F Birth date: MM/DD/YY ___/___/___/___

Citizenship: CDN Citizen Other: _____ Country of Birth: Canada Other: _____

Previous School: _____ Sask. Health #: _____

3. Surname _____ First Name _____ Middle Name _____

Applying for Grade: _____ M F Birth date: MM/DD/YY ___/___/___/___

Citizenship: CDN Citizen Other: _____ Country of Birth: Canada Other: _____

Previous School: _____ Sask. Health #: _____

4. Surname _____ First Name _____ Middle Name _____

Applying for Grade: _____ M F Birth date: MM/DD/YY ___/___/___/___

Citizenship: CDN Citizen Other: _____ Country of Birth: Canada Other: _____

Previous School: _____ Sask. Health #: _____

SECTION II – RESOURCE/SPECIAL EDUCATION INFORMATION

Yes No 1. Has the applicant received tutoring or Learning Assistance time in the past 5 years?
Explain _____

Yes No 2. Has the applicant ever been expelled, dismissed, suspended or refused admission to another school? Explain _____

3. On an attached sheet indicate all PPP's your child has received or Resource/Special Education assistance/tutoring your child has received within the last 5 years. **A copy of ALL assessments (psychological, Speech/Language, Occupational Therapy, and Physical Therapy Reports) must be included for the application to be complete. Students cannot be accepted into SCS until ALL information is available. Documentation MUST accompany the application.**

4. Please know that we desire to meet the needs of students with learning disabilities. However, we do not have the resources necessary to meet the needs of all students with severe learning disabilities, either psychological or physical.

5. In order to plan our Resource Personnel each year, SCS needs to be made aware of student needs at the time of registration. Otherwise, the school may be placed in a position where it is unable to meet the needs of the student. Thank you for helping us in this area.

SECTION III – MEDICAL EMERGENCY INFORMATION

Do any of the student(s) have any serious medical concerns or require regular prescribed medication? Yes No
(If yes, pick up a "Medication /Severe Allergy Release Form from the Office)

Please list any serious medical conditions that SCS should be aware of (ie. Nut allergies, heart conditions, etc.)

Student Name: _____ Concern: _____

Student Name: _____ Concern: _____

Student Name: _____ Concern: _____

Student Name: _____ Concern: _____

If you wish your child (ren) to have regular non-prescribed medication such as Tylenol®, Advil®, Ibuprofen available at school on a regular basis, please provide the medication along with dosage amount and come to the school office and fill out a "Medication Release form". A written record of each time a child is administered these medications is kept.

Authorization of Emergency Medical Care

In the event I cannot be reached to make arrangements of emergency medical care at time of an incident, I hereby authorize Saskatoon Christian School to take my child to the nearest Emergency Medical Services location.

x _____

x _____

Name of Family Doctor: _____ Phone Number: _____

SECTION IV – FAMILY INFORMATION

Mother Guardian

Full Name: _____ Email Address: _____

Address: _____ City/Prov.: _____ Postal Code: _____

Home Phone: _____ W Phone: _____ C Phone: _____

Place of Employment: _____

Check all that apply: Ok to pick up from school Legal Custody Joint Custody Receives

Father Guardian

Full Name: _____ Email Address: _____

Address: _____ City/Prov.: _____ Postal Code: _____

Home Phone: _____ W Phone: _____ C Phone: _____

Place of Employment: _____

Family Information Continued:

Check all that apply: Ok to pick up from school Legal Custody Joint Custody Receives Mailings

Child(ren) lives with Father & Mother Father Mother Guardian

The school office must be notified about custody issues. SCS Administration must be supplied with a copy of your court custody agreement.

SECTION V – EMERGENCY CONTACT

Relationship to Child(ren) Grandparent Relative Friend Other

Emergency Contact Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

SECTION VI – CHURCH AFFILIATION

Name of Church: _____ Phone: _____

Address: _____ Email: _____

Pastor: _____ Years Attending: _____ Attend Church: Weekly Semi-weekly Monthly

SECTION VII – STATEMENT OF FAITH

I have read, understand, agree with and wholeheartedly support the SCS Statement of Faith (found in the Read and Keep portion of this package). If, at anytime, I find myself out of harmony with its tenets, I will voluntarily withdraw my child(ren) from SCS.

If you can support our Statement of Faith, please sign below:

X _____ X _____ _____
Parent/Guardian Parent/Guardian Date

SECTION VIII – GRANDPARENTS

We welcome Grandparents at Saskatoon Christian School. This section is optional but if the child(ren)'s grandparents would like information about SCS, we can e-mail our monthly SCS Cougar which has extensive information and articles about Christian Education and SCS activities.

Maternal Grandparents: _____

Email address/Fax #: _____

Paternal Grandparents: _____

Email address/Fax#: _____

SECTION IX – GENERAL QUESTIONS

Interest in SCS – we first learned of SCS through (please check only one):

- Current SCS Student Church Other _____
- Parent of SCS Student Open House
- Radio Telephone Book
- Website Alumni

The three main factors influencing us to apply to SCS (check three that apply):

- Recommendation of SCS family Location
- Christian Philosophy Desire to attend Christian School
- Academic Reputation Other

