



THE KING'S *School*

P O Box 28, 21783-76B Avenue, Langley BC V0X 1T0
Tel: (604) 888 0969 Fax: (604) 888 0977
Email: school@tkc.com Web site: www.tkc.com

STUDENT APPLICATION FORM

Please include the following with the completed application:

- 1 Copy of birth certificate (children must be five (5) years of age for Kindergarten and six (6) years of age for grade one (1) as of December 31st of each year.
- 2 Copy of the latest report card (except Kindergarten)
- 3 Is this a re-submission of a previous student application? YES NO
- 4 Would you be willing to have your child transfer to TKS during the school year? YES NO

ENROLMENT FOR GRADE: _____ SCHOOL YEAR: SEPTEMBER _____

STUDENT'S LEGAL NAME; _____ MALE FEMALE
(surname, first, middle)

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ HOME TELEPHONE: _____

BIRTH DATE: _____ YR _____ MTH _____ DAY _____

OFFICIAL USE ONLY:

Admission Date: _____ School Year: _____

Grade: _____ Report Card: _____

Birth Certificate: _____ Cancellation: _____ (date)

Comments: _____

Data Entry Date: _____ Principal's Signature: _____

CHRISTIAN COMMITMENT

Has the student made a profession of faith in Jesus Christ? If so, when?

Is father a Christian?

Is mother a Christian?

Does the family regularly attend a church?

Where?

(yes/no)

Pastor's Name:

Telephone Number:

HOW LONG HAVE YOU ATTENDED ON A REGULAR BASIS?

("Regular" is defined as an average of 3 times/month)

DO PARENTS HOLD A MEMBERSHIP IN A CHURCH?

WHERE:

(yes/no)

PREVIOUS CHURCH ATTENDANCE:

REASON FOR APPLICATION

Please indicate where you first heard about The King's School, and the reason(s) for your interest.

DISCIPLINE

What are your views of discipline in the home and in the school?

STUDENT INFORMATION RECORD

DATE _____ STUDENT _____

Surname (legal) _____ (Usual, if different) _____

Given names (legal) _____ (Usual, if different) _____

Sex (M) or (F) _____ Date of Birth / / _____ Place of Birth _____
M D Y

Canadian Citizen _____ or landed immigrant _____ or Student Authorisation Number _____

STREET ADDRESS _____

Postal Code _____ Home telephone number _____

Language most often spoken at home _____

PARENTS OR LEGAL GUARDIANS

Father's/Guardian's Name _____ Occupation _____

Work number _____ cellular _____ fax _____

Canadian citizen _____ or landed immigrant _____ or lawfully admitted to Canada _____

Mother's/Guardian's Name _____ Occupation _____

Work number _____ cellular _____ fax _____

Canadian citizen _____ or landed immigrant _____ or lawfully admitted to Canada _____

IN CASE OF EMERGENCY

The school may contact any of the following. Please list all four persons.

Name/relationship _____ phone number _____

Name/relationship _____ phone number _____

Name/relationship _____ phone number _____

Dentist _____ phone number _____

NAME OF STUDENT _____

School Medical Information (Confidential)

Family Doctor _____

Telephone _____

BC Personal Health Care Number _____

Please check if your child has had any of the following –

	Yes	No		Yes	No
Head or neck injuries	___	___	Asthma	___	___
Muscle, bone or joint disease	___	___	Allergies	___	___
Hernia	___	___	Chickenpox	___	___
Tonsils/Adenoids removed	___	___	Rubella (German Measles)	___	___
Premature birth	___	___	Red Measles	___	___
Impaired vision	___	___	Pneumonia	___	___
Fainting spells	___	___	Scarlet Fever	___	___
Convulsion disorders	___	___	Whooping Cough	___	___
Delayed development of bladder or bowel control	___	___	Mumps	___	___
Kidney Disease	___	___	Hearing problems	___	___
Diabetes	___	___	Vision Problem	___	___
Heart Condition	___	___	Rheumatic Fever	___	___

Is child currently taking medication or shots? _____

If yes, please explain: _____

Please comment on any "yes" answers and list any health problems or conditions you feel require special planning or consideration for your child's participation in regular school activities

IMMUNIZATION SUMMARY

If you have immunization records, please enter dates in the spaces provided. If records are not available but your child has been immunized against the diseases listed below, please indicate in space provided.

Pertussis (Whooping Cough)	Diphtheria & Tetanus	Polio (Oral or Injection)	Other Immunizations Type	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If your child has a sensitivity to any drug serum etc, please give details:

SCHOOL HISTORY

CURRENT SCHOOL: _____ GRADE(S): _____

SCHOOL ADDRESS: _____

CITY: _____ POSTAL CODE: _____

DATES OF ATTENDANCE: _____

CONDUCT: Has your son/daughter ever been required to withdraw (involuntarily) from a school? _____ (yes/no)

Has your son/daughter ever had any disciplinary difficulties? _____ (yes/no)

Please give details: _____

Has your child ever been in trouble with civil authorities, or police? _____ (yes/no)

Please give details: _____

Has your child ever used tobacco or drugs of any kind? _____ (yes/no)

Please give details? _____

SPECIAL EDUCATION

HAS YOUR CHILD BEEN RECOMMENDED FOR, OR RECEIVED THE FOLLOWING:

REMEDIAL INSTRUCTION? (yes/no) _____ WHEN? _____

RESOURCE INSTRUCTION? (yes/no) _____ WHEN? _____

LEARNING DISABILITIES PLACEMENT? (yes/no) _____ WHEN? _____

SPECIAL EDUCATION? (yes/no) _____ WHEN? _____

HAS YOUR CHILD BEEN DIAGNOSED AS HAVING ANY OF THE FOLLOWING:

ADD (Attention Deficit Disorder)? (yes/no) _____

HD (Hyperactivity)? (yes/no) _____

Specified Learning Disability? (yes/no) _____

Significant physical or sensory handicaps? (yes/no) _____

Identified syndromes (Down Syndrome, Fragile-X)? (yes/no) _____

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE SPECIFY THE DETAILS BELOW:

Other children of school age and their grade:

Name	Grade	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you plan to enroll all your children at The King's School? If no, explain briefly why not.

STATEMENT OF COMMITMENT

Because the education of children is a co-operative venture between parents and the school, I/we agree to abide by the policies and regulations of The King's School as set forth by The King's School Board of directors and agree to uphold the decisions of the school administration. Having read the Statements of Faith, of Objectives, and of Philosophy laid out by The King's School, we consent to our child(ren) being educated within the framework of a biblical worldview as understood and practiced in The King's School.

Parent's signature

Parent's signature

Student's signature, Gr 4-12

Date of application

Privacy

In order that The King's School may comply with the requirements of the Privacy Laws under the "Personal Information Protection Act (British Columbia)", we request that parents sign the following consent forms:

1. I consent to having The King's School 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, 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 The King's School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with The King's School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in The King's School'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 The King's School.

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 The King's School is Mr Don Craig and may be reached at 604 888 0969.

Signature

Date

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

Signature

Date

3. The school may prepare a family phone list (car pool list, class list, etc.) for a family phone directory. If you DO NOT want your phone number and address included, please indicate: No

Signature

4. I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Signature

Date