



THE KING'S School

PO Box 28, Stn Milner, Langley BC Canada V2Y 0W9

Street Address: 21783 76B Avenue, Langley BC V2Y 2S5

Telephone: (604) 888-0969 Fax: (604) 888-0977 Email: school@thekingsschool.org

Web Site: www.thekingsschool.org

Admissions Form (Grades K-12)

To be completed by Parent/Guardian at time of registration

Date _____

Please include the following with the completed application:

1. Copy of birth certificate
(children must be five (5) years of age for Kindergarten as of December 31st of each year)
2. Copy of the latest report card (except Kindergarten)
3. Copy of immunization records
4. Pastor/Minister recommendation letter
5. Do you currently have an application with any other schools? Yes No

STUDENT INFORMATION

Student's Full Legal First Name

Middle Name

Last Name

Student's Preferred Name*

Male

Female

Grade Application

Year of Requested Enrollment (mm/yyyy)

Birth date (dd/mm/yyyy)

Canadian Citizen

Landed immigrant

Please attach copy of birth certificate

Student's Primary Street Address

City

Postal Code

Home Phone

Student lives with

Parents

Mother

Father

Guardian

Home Stay

Foster Parent

Student's Email Address: _____ Student's Cell Phone*: _____

*Optional

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Father's/Guardian's Name

Occupation

Email

Work phone*

Cell phone

Canadian Citizen

Landed immigrant

Lawfully admitted to Canada

Mother's/Guardian's Name

Occupation

Email

Work phone*

Cell phone

Canadian Citizen

Landed immigrant

Lawfully admitted to Canada

(Legal Residency Form must accompany application form)

Other children of school age and their grade If yes, please list below

Yes

No

Sibling's Name, School, Grade

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

Yes

No

Please indicate where you first heard about The King's School?

Word of mouth

Google

Church

Radio

Printed Ad

School

Social Media

Other

*Optional

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CHRISTIAN COMMITMENT

Has the student made a profession of faith in Jesus Christ? Yes No

Is father a Christian? Yes No

Is mother a Christian? Yes No

Does the family regularly (3 times/month) attend a church?

If yes, where?

How long have you attended?

Pastor's Name

Phone*

What is the reason(s) for your interest in The King's School?

Please describe your child's strengths and interests; include any important information that would help us in teaching and supporting your child.

OTHER

Are there any current legal alerts on file for your child? Yes No

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

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

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

*Optional

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STUDENT'S MEDICAL INFORMATION

BC Care Card Number: _____

Family Doctor

Doctor's Phone Number

Dentist

Dentist's Phone Number

Please check if your child has or has had any of the following medical conditions?

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Impaired vision | |

Other _____

List any life-threatening allergies or illness: Yes No

Please note: An emergency action plan will need to be developed with school administration

What other medical information would be important to support your child? If yes, please explain Yes No

Does your child require medications to be administered at school? If yes, please explain Yes No

Please note: A medication administration plan will need to be developed with school administration

Is there any reason why your child cannot participate in a full Physical Education Program? Yes No

If yes, please explain

(Please note: a physician's note required to miss PE)



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PERSONS TO CONTACT IN CASE OF EMERGENCY, OTHER THAN PARENT/GUARDIAN

Name Relationship to child

Address Phone

Name Relationship to child

Address Phone

SCHOOL HISTORY

Current School Grade(s)

School Address

City Province/State Postal Code

List the last two schools attended Grade Location Dates (from and to)

1 _____

2 _____

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

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



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

Has your son/daughter ever been required to withdraw (involuntarily) from a school? Yes No

Has your child ever been in trouble with civil authorities or police? If yes, please explain below Yes No

Has your child ever used tobacco or drugs of any kind? If yes, please explain below Yes No

ENGLISH LANGUAGE LEARNING

Did your child learn another language before English? If yes, please specify the language. Yes No

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

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

LEARNING SERVICES & SPECIAL EDUCATION

Does your child have any difficulty with speech or language? Yes No

Has your child repeated any grades? Yes No

If yes, which grade

Year

Has your child been recommended for or received any learning support in or out of class? If yes please explain below. Yes No

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

If yes, please indicate subjects

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

Do any agencies such as the Child Development Centre, Sunny Hill, psychologists, psychiatrists, speech pathologists etc. have reports? If yes, please attach a copy Yes No



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Has/Is your child currently designated as a child with Special Needs in BC? Yes No

If yes, please provide your child's diagnosis

Does your child currently have an IEP (Individual Education Plan) If yes, please attach a copy Yes No

Does your child currently have a LSP (Learning Support Plan?) If yes, please attach a copy Yes No

Has your child had an IEP or LSP in any previous school year? If yes, please attach a copy Yes No

OFFICE USE ONLY

Admission Date _____ School Year _____

Grade _____ Report Card _____

Birth Certificate _____

Cancellation _____ (date) _____

Comments _____

Data Entry Date _____ Principal's Signature _____



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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 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 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. Clifford Martins and may be reached at 604 888 0969.

Parent/Guardian Signature

Date

2. I consent to having photographs and work samples of my child(ren) used by The King's School in the year-book, newsletters and other promotional material. I also consent to having photographs and work samples of my child(ren) used by The King's School to post in The King's School social media accounts such as FaceBook, Instagram, Twitter and the like. I understand that The King's School will not tag or publish any names without first securing my permission.

Parent/Guardian 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

Parent/Guardian Signature

Date

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.

Parent/Guardian Signature

Date



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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 Statement of Faith, and the Objectives and 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/Guardian Name: _____

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Parent/Guardian Signature

Date



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LEGAL RESIDENCY OF PARENT

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.

(Lawfully admitted into Canada)

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
 - A landed immigrant (attach photocopy of landed immigrant status paper)
 - Lawfully admitted into 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 or more years
 - Employment authorization (working permit) for **one or more school years**
 - 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 Citizenship and Immigration Canada: <http://www.cic.gc.ca/english/study/study.asp>)
-
-

(Residency in British Columbia)

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

- Yes Residency address: _____

- No I am not a resident of British Columbia

Confirming signature:

3. Parent's/legal guardian's name: _____
Parent's/legal guardian's signature: _____
Date: _____