



L A C O M B E  
CHRISTIAN SCHOOL

5206 - 58 Street, Lacombe, AB T4L 1G9

Phone: (403) 782-6531

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email: office@lacs.ca

website: www.lacs.ca

## STUDENT APPLICATION FORM ECS - GRADE 9

*Our Vision Statement:*

*To the glory of God, by His grace, and on the foundation of His Word,  
Lacombe Christian School strives to nurture and educate children to be  
Spirit-filled disciples of Christ and responsible, discerning citizens in society.*

### AIM AND PURPOSE OF LACOMBE CHRISTIAN SCHOOL

1. To have our children taught in a school that acknowledges the rule of God in all areas of life including education and the fields of knowledge.
2. To prepare the student as an image-bearer of God for meaningful participation in society.
3. To make the student see his life-task in the context of the Kingdom of Jesus Christ.
4. To show the student the way to total commitment and surrender to Christ.
5. To guide the student in understanding the radical consequences of such a commitment, affecting all areas and relationships of life.
6. To work (complement/partner) with the home and church in bringing up the children entrusted to us.

### ELIGIBILITY

1. The Lacombe Christian School exists to educate primarily the children of Christian parents.
2. Admission is available to all students of parents who agree with the aim and purpose of the school.
3. No child shall, on the grounds of race, color, gender or national origin be excluded from admission to Lacombe Christian School.
4. The Board may limit enrollment.
5. A copy of the prospective student's Birth Certificate or Permanent Residence card to be provided before final approval of enrolment can be granted.

### ENROLLMENT INFORMATION AND PROCEDURES

1. Complete a student application form for each child being enrolled. Submit this to the school office along with:
  - a. Each child's birth certificate or landed immigrant status.
  - b. Tuition agreement form.
  - c. A copy of the student's most recent report card.
2. Admissions interviews:
  - a. Meet with the LCS Principal or Vice-Principal.
  - b. Two members of the School Board will arrange for a home visit.
  - c. Both parents (legal guardians) are expected at each of these interviews.
3. Parents will be informed by phone once their application has been approved by the Board.
4. Families with children entering ECS (kindergarten) are expected to attend an ECS Orientation Meeting.

For Office Use Only: MWB\_\_\_\_\_ (date) MWP\_\_\_\_\_ (date)

# STUDENT APPLICATION FORM

## PARENTS OR GUARDIANS

email address: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Cell number: (Father) \_\_\_\_\_ Cell number: (Mother) \_\_\_\_\_

Marital Status: \_\_\_\_\_

Residential Address: \_\_\_\_\_

**(Land location-for bussing purposes or street address if different from mailing address)**

Civic Address (Blue Sign) – rural residences only: \_\_\_\_\_

Father: Business Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: Business Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Citizenship: Canadian: \_\_\_\_\_ Landed Immigrant: \_\_\_\_\_ Other: \_\_\_\_\_

What church do you presently attend? \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone: \_\_\_\_\_

## STUDENT INFORMATION

Child's First Name	Middle Name	Last Name	Birth date Month-Day-Year	Grade Applied For	
				K - 9	M / F
1. _____	_____	_____	____ - ____ - ____	_____	_____
2. _____	_____	_____	____ - ____ - ____	_____	_____
3. _____	_____	_____	____ - ____ - ____	_____	_____

### Other children ages 1 - 4 years old:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

**Day Preference for ECS:** \_\_\_\_\_ No Preference \_\_\_\_\_ Mon/Wed \_\_\_\_\_ Tues/Thurs

**\*\*Note for ECS applications: This is not 'first-come', 'first-served'. The Administration will attempt to honour all requests, however, class size and boy/girl ratio will determine placement.**

**If you wish to declare the student is Aboriginal, please circle one:**

First Nation (status)

First Nation (non-status)

Métis

Inuit

For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://www.education.alberta.ca/system-supports/results-reporting) or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by the school, please contact the school office @ 403-782-6531 or [office@lacs.ca](mailto:office@lacs.ca)

## Custody Protection

In rare instances, a student may be designated as "Protected" if a court issued a restraining order under The Child Welfare Act, The Domestic Relations Act, The Divorce Act or The Young Offender's Act. Please indicate if the school administration should be aware of any such court order for the protection of the student(s). **Yes** **No**

**PARENTAL COMMITMENT:**

Why do you desire Christian Education for your children?

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What are your expectations from Lacombe Christian School?

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Do you believe in the Word of God, and do you believe that Jesus Christ is your personal, risen Saviour?

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Are you an active member in a Christian Church Community? What part does it play in your life?

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In making this application,

1. I understand the goals, objectives, principles, and educational creed as indicated in the Lacombe Christian School Student Parent Handbook, and commit to supporting that kind of education for my child(ren).
2. I understand that children must be of suitable age for the grade assigned. Grade placement is determined by the administration.
3. I understand that students in grades 4-9 will participate in an Alberta Education online survey.
4. In matters of discipline, our child(ren) will be subject to the disciplinary action of the Staff and Administration. Parents may discuss disciplinary matters affecting their child(ren) with the school.
5. I have read the accompanying Tuition Information Package. I have completed and signed the required forms. I understand this package will be reviewed with me by the (2) Board members when they come for the application visit. I will give the completed forms to the Board members for return to the school office.
6.
  - i) I understand that the Board shall retain its authority to expel any student whose continued presence seriously impairs the development of Christian Education. I also understand that if a student is expelled, Alberta Education requires that LCS continue to be responsible for the child's education for the remainder of the school year.
  - ii) As appropriate, if a parent or student believes the faith and/or value commitment of the School and the parent's or student's faith and/or values are incompatible and continuing to enroll the student in the School is not in the best interest of the student, then the School shall assist the parent or student to enroll in another school for the subsequent school year.
7. I have read the ECS Handbook and am in agreement with the stated purpose and goals of Lacombe Christian School. I desire that my child be taught in a school that strives for these goals.
8. I will attempt to attend an orientation meeting which will better help to acquaint me with the School and Society, and ECS program in particular.

Father or Guardian                      Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mother or Guardian                      Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION**

Person to contact in case of emergency if parents cannot be reached:

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Does the student have any medical concerns? (please explain)

\_\_\_\_\_  
\_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**ACADEMIC HISTORY (To be completed if student has attended other schools)**

Student Name:

\_\_\_\_\_  
Surname First Name Middle

Sex: \_\_\_\_\_ Grade Applied for: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MO DAY YR

Home Phone Number: \_\_\_\_\_

Previous School Phone or Fax Number: \_\_\_\_\_

Previous School Attended:

School Name:

\_\_\_\_\_

Address: \_\_\_\_\_

**Please fill out one Academic History & Medical form per child.**

**Forms are available on our website [www.lacs.ca](http://www.lacs.ca)**



## 2018-2019 TUITION AGREEMENT FORM

### FEE SCHEDULE:

Criteria:	AMOUNT	YOUR SELECTION:
Playschool Student ONLY. (No other children @ LCS)	\$ 1,000	
Playschool Student with other children in LCS K-9.	\$ 500	
Kindergarten Student ONLY. (No other children @ LCS) Suggested donation.	\$ 1,152	
Tuition Fee for families with children in LCS Grades K-9.	\$ 5,760	
Tuition Fee for families with children in LCS Grades K-9, AND children attending CACHS.	\$ 4,320	
	<b>TOTAL FEES:</b>	

1. All fees include the \$100 LCS Membership Fee.
2. We encourage you to use the EFT Form (on reverse side) for automatic transfers.
3. If you already have EFT set up with us, please indicate this is a renewal with the amended amount to be debited.
4. DEBIT & CREDIT CARD payments are accepted in person at the office. Please note: for tuition payments on credit cards, there will be a 3% fee added at the point of sale.
5. Government funding for independent schools in Alberta covers only a part of the school's operating costs, therefore the need for charging tuition.
6. If you have any questions, please email Jack Oudman at [business@lacs.ca](mailto:business@lacs.ca)
7. Please find a copy of the current tuition policy attached to this package.
8. If applicable, please complete the Tuition Relief form attached to this package.

### Payment Schedule:

Monthly (12 months): \_\_\_\_\_

Monthly (10 months): \_\_\_\_\_

Quarterly: \_\_\_\_\_

Semi-Annually: \_\_\_\_\_

Annually: \_\_\_\_\_

Other: \_\_\_\_\_

Tuition Relief: Please complete the attached application form, if applicable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fill out and return this form to LCS before June 8, 2018**

## Electronic Fund Transfer (EFT) Debit Authorization

Payor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

*IF THIS AUTHORIZATION IS A RENEWAL, PLEASE PROVIDE THE REVISED MONTHLY AMOUNT TO DEBIT.*

Start Date: \_\_\_\_\_ Monthly withdrawal amount: \$ \_\_\_\_\_

**Attach a VOID Cheque, or provide your banking information obtained from the bottom of your cheque:**

Branch #: (5 digits) \_\_\_\_\_ Institution # (3 digits) \_\_\_\_\_ Account #: \_\_\_\_\_

The undersigned, jointly or severally, authorize Lacombe Christian School and its bank, ATB Financial, to process debits (withdrawals) against the Payor's account as indicated above in accordance with the rules of the Canadian Payments Association.

Signature of Account Holder: \_\_\_\_\_

Dated at \_\_\_\_\_, Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**CANCELLATION OF AGREEMENT:** The Payor may revoke their authorization at any time, subject to providing 14 days notice to LCS. A sample cancellation form or further information on the payor's right to cancel an EFT agreement may be obtained at the payor's financial institution or by visiting: [www.cdnpay.ca](http://www.cdnpay.ca)

**REIMBURSEMENT STATEMENT:** "You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or consistent with this EFT Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

## LCS Tuition Policy

1. Lacombe Christian School is a parent governed Christian School. It is the obligation of parents sending children to the school to pay the school tuition. This is essential for good management of the budget which has very little leeway. The Board of directors of the Lacombe Christian School Society shall be responsible for the collecting of tuition in a sensitive manner.
2. Tuition fees are payable as pledged in the parent signed tuition schedule returned by the deadline date set annually by the school Board for the upcoming school year. If the form is not received by the deadline a follow-up telephone call will be made as a reminder.
3. It is the responsibility of parents/guardians to inform the Board if they are experiencing genuine financial difficulties. Parents/guardians are first of all responsible for the full tuition. If unable to meet this cost they must attempt to get financial assistance from the community (family, church, friends, bank, etc.)
4. All payments received will be applied in the following order:
  - 4.1 Membership dues
  - 4.2 Tuition arrears
  - 4.3 Current tuition fees
5. In the event that a family does not have their tuition paid in full by the last day of the current school year, they forfeit the privilege to have their children automatically enrolled for the following school year. If they wish to enroll their children for the following school year, they are required to re-submit an enrollment application by the appropriate date and initiate a physical meeting with the school board or its representatives.
6. Tuition in arrears are to be dealt with regularly by the Board. Accounts in arrears may be written off

with Board approval.

## Tuition Assistance

### Purpose

The purpose of the Tuition Assistance Program is to provide temporary financial assistance towards payment of LCS tuition fees, for families who are unable to meet the full cost of Christian Education.

As Christians, we recognize that all we have comes from God, and that we are simply stewards of God's possessions. We are, therefore, thankful and grateful for what God has provided. And so, it is our joy to be able to share with those in need as we seek to extend God's kingdom together.

*"Carry each other's burdens, and in this way you will fulfill the law of Christ." Galatians 6:2*

*"And do not forget to do good and to share with others, for with such sacrifices, God is pleased." Hebrews 13:16*

As a board, we are called to be good stewards and we are accountable to God who has entrusted us with the financial matters relating to CLS. We are also accountable to our membership as we deal with our financial commitments to our staff and our school's expenses, including services of debt and providing for physical property.

*"So is anyone who has not been trustworthy in handling worldly wealth, who will trust you with riches?" Luke 16:11*

### Process

For those who require tuition assistance for the 2018-2019 year, please complete **in full** the following pages with the required information. The completed package should be put in a sealed envelope and marked: "Private and Confidential" to the Business Administrator of LCS. Personal financial details will be disclosed to the Business Administrator, Board Treasurer, and one other Board Member. A Board member will be in contact with you promptly regarding this application.

**Please return the required form by June 8, 2018.**

*In the rare circumstances where tuition assistance is required for the subsequent school year, a new application form must be completed.*

### Guidelines

Tuition assistance is a temporary solution. At times there are many applicants and limited resources, such that only the neediest applicants can be accepted. Every effort should be made to seek help from the church community, relatives, or friends. Also, every effort should be made to determine whether personal assets can be accessed.

Circumstances where an application is likely to be accepted:

- Sudden loss of employment without the ability to replace income.
- Terminal or significant health issues.
- Marital breakdown without the ability to replace income.
- An attempt to at least pay a portion of the tuition.

Circumstances where an application is likely to be rejected:

- The ability to borrow funds.
- Where assistance from the church community, friends, or relatives is available.
- The ability to sell certain non-essential assets or investments.
- Chronic requests for tuition application where lifestyle suggests spending is not well controlled.
- Lack of effort in ensuring financial stewardship.
- Tuition assistance extending longer than one year.

Generally, tuition covers 25% of the overall operational costs (ie: salaries, utilities, transportation, etc) of education and none of the capital costs (ie mortgage) of the school facilities. Therefore, tuition fees are only the minimum contribution required by parents or guardians. Parents and guardians are also expected to contribute for capital costs/drives/fundraisers, etc on an ongoing basis.







## Tuition Assistance Application 2018-2019

Parent/Guardian names:	Address (& years there):
Phone:	Cell phones:

List all the students in your household:			
Name	Age	School / College attending	Parental Contribution

Church Affiliation:	Pastor:
What does Christian Education mean to you?	What personal financial distress is your family experiencing?
Explain how you have made use of other financial resources:	Church:
Selling of non-essential assets/investments:	Friends and Relatives:
What is your plan to cover tuition costs next year, bearing in mind that tuition relief is reviewed annually, and is viewed as temporary assistance?	

### Personal Net Worth Statement:

<b>ASSETS</b>	Approx. Value	<b>LIABILITIES (DEBTS)</b>	Approx. balance
Property:		Mortgage (principal remaining):	
Cash on hand (bank accounts):		Credit Cards:	
Investments-GIC, stocks, mutual funds:		Vehicle Loans/Lease:	
Automobiles:		Lines of Credit:	
RV, quad, boat, motorcycle:		Bank Loans:	
Other real properties:		Loans against assets:	
Livestock:		Unpaid bills:	
Other: (please specify):		Other: (please specify):	
<b>TOTAL ASSETS:</b>		<b>TOTAL LIABILITIES:</b>	

## Monthly Income & Expense Report

### MONTHLY INCOME

### MONTHLY PAYMENTS

Household income (after deductions)		Mortgage or Rent payment	
Child Tax Credit		Property Tax payment	
Child support		Credit Cards payments	
Rental income		Vehicle payments	
Support from church/relatives		Line of Credit payments	
Other income:		Loan payments	
		Utility payments	
		Food expense	
		Insurance expense	
		Other monthly expenses:	
<b>TOTAL MONTHLY INCOME:</b>		<b>TOTAL MONTHLY PAYMENTS:</b>	

MONTHLY INCOME \_\_\_\_\_ **minus** PAYMENTS \_\_\_\_\_ **equals** MONTHLY NET INCOME:  
 \_\_\_\_\_

**Based on the above information, what amount can you pay towards LCS tuition this year?**

**\$\_\_\_\_\_ x 12 monthly payments for annual total of \$\_\_\_\_\_ -  
 (paid with post-dated cheques or by Electronic Funds Transfer)**

**PLEASE INCLUDE A COPY OF YOUR PERSONAL INCOME TAX NOTICE OF ASSESSMENT  
 FOR THE LAST TAXATION YEAR FOR BOTH PARENTS.**

I hereby affirm that the statements made herein are true and are made for the purpose of applying for tuition assistance from Lacombe Christian School. I am willing to provide confirmation of assets, liabilities, income, and expenses upon request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_