



L A C O M B E  
CHRISTIAN SCHOOL

5206 - 58 Street, Lacombe, AB T4L 1G9

Phone: (403) 782-6531 Fax: (403) 782-5760 email: office@lacs.ca website: www.lacs.ca

## STUDENT APPLICATION FORM

### Playschool, ECS, Grades 1 - 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 enrollment can be granted.
6. Children must reach the age of 4 by December 31st to be eligible to attend LCS Playschool.

#### **ENROLLMENT INFORMATION AND PROCEDURES**

1. Complete a student application form listing 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. (if applicable)
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 Playschool and/or ECS (kindergarten) are expected to attend the Playschool Orientation Meeting and the ECS Orientation Meeting if applicable.

**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, & 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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What church do you presently attend? \_\_\_\_\_

Church Affiliation/Denomination: \_\_\_\_\_

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

**In making this application,**

1. I have read the Lacombe Christian School Student Parent Handbook, and I understand the Societies Act - Bylaws, Article I, II, III on page 31 of the Handbook (page 5 of the Playschool 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 program or 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 Playschool & ECS Handbook (if applicable) and am in agreement with the stated purpose and goals of LCS' Playschool & ECS Program. I desire that my child be taught in a school that strives for these goals.
8. I will attempt to attend the Playschool and/or ECS orientation meeting (if applicable) which will better help to acquaint me with the School and Society, and these two programs in particular.

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

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

**PIPA (Personal Privacy Act Policy):** The Personal Information Protection Act (PIPA) ("the Act") protects the personal information of the public and employees of private sector organizations operating in Alberta. It governs the collection, use, and disclosure of personal information by organizations in a manner that recognizes and balances the right of an individual to have his or her personal information protected, and the need of an organization to collect, use or disclose personal information for purposes that are reasonable. LCS is bound by the requirements of this Act and collects, uses or discloses personal information in accordance with its provisions. By signing above, you consent to allow LCS to release, collect, and use or disclose personal information for its operational and administrative purposes. This policy is available for viewing at [www.lacs.ca](http://www.lacs.ca).

## STUDENT DEMOGRAPHICS

LEGAL First Name	LEGAL Middle	LEGAL Last Name	DOB: MM-DD-YY	Grade:	M / F
1. _____	_____	_____	____ - ____ - ____	_____	_____
2. _____	_____	_____	____ - ____ - ____	_____	_____
3. _____	_____	_____	____ - ____ - ____	_____	_____

List Preferred name if different from above: \_\_\_\_\_

Child's Citizenship: Canadian: \_\_\_\_ Landed Immigrant : \_\_\_\_ Other: \_\_\_\_\_

Other children in the household, not yet school age:

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

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

### Day Preference for Playschool & ECS registrations only:

(This is not 'first-come', 'first-served'. )

Administration will attempt to honour all requests, however, class size and boy/girl ratio will determine placement.

If registering for **Playschool**: \_\_\_\_ Tues/Thurs 8:45-11:15am **or** \_\_\_\_ Friday only class 8:45-11:45am

If registering for **ECS (Kindergarten)**: \_\_\_\_ No Preference \_\_\_\_ Mon/Wed \_\_\_\_ Tues/Thurs

### Residential Address: (Rural Land location for bussing purposes OR Street Address if different from mailing address)

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

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

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

### PARENT / GUARDIAN INFORMATION: EMAIL: \_\_\_\_\_

Father's name: \_\_\_\_\_ CELL: \_\_\_\_\_

Mother's name: \_\_\_\_\_ CELL: \_\_\_\_\_

Father Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Address (if different than student address): \_\_\_\_\_

### 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 Offenders Act. Please indicate if the school administration should be aware of any such court order for the protection of the student(s). **Yes** **No**

The following person/people DO NOT have permission to pick up my child: \_\_\_\_\_

**ACADEMIC HISTORY (fill out for each child registering)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ASN: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ASN: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ASN: \_\_\_\_\_

Previous school attended (or currently registered in, if registering mid-year):  
\_\_\_\_\_

School address: \_\_\_\_\_ School Phone: \_\_\_\_\_

**Have the student(s) ever had an Individualized Program Plan (IPP), Individual Education Plan (IEP) or a learning, medical, or mental health assessment that has provided recommendations to support the students' learning? \_\_\_ Yes \_\_\_ No**

**If Yes,** provide LCS with the learning, medical, or mental health assessment document (eg Psycho-educational assessment, physician's letter).

**If Yes,** provide a description, and if known, the Alberta Education special education code:  
\_\_\_\_\_

Are there any language needs or any other unique learning needs LCS should know in order to support the student's learning?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR PLAYSCHOOL REGISTRATIONS ONLY:**

Immunizations up to date? \_\_\_ YES \_\_\_ NO

**Consent to Medical Care and Treatment of minor children:**

I/ We \_\_\_\_\_ give permission for my/our child \_\_\_\_\_, to be given first aid/ emergency treatment by a child care provider, licensee and / or qualified staff member of Lacombe Christian School.

Parent/ Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed Physician, Health Care Provider, Hospital or Ambulance Attendant, when deemed necessary or advisable by the Physician or Ambulance Attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by Ambulance or aid car to an emergency center hospital for treatment.

Parent / Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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)

### **EMERGENCY CONTACT INFORMATION**

- People other than the Parents/Guardians that can be reached in case of an emergency
- Emergency contacts should be local
- School may contact the Emergency contact and student may be released to them

#### **EMERGENCY CONTACT #1:**

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

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

#### **EMERGENCY CONTACT #2:**

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

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

**In case of emergency, I give permission for either of the above individuals to be contacted and my child may be released to them.**

Parent / Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CONFIDENTIAL MEDICAL INFORMATION (fill out for each child registering)**

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

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Does your child have any life-threatening allergies, including drug reactions? (please explain)

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Is your child on any ongoing medications? (please explain)

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**Have you received documentation for your child referring to Occupational Therapy, Speech, Social Work or Mental Health? \_\_\_ Yes (please attach copies to this registration package.) \_\_\_ No**



**PASTORAL REFERENCE:**

TO BE COMPLETED BY A PASTOR, ELDER, DEACON, OR OTHER CHURCH-APPROVED LEADER WHO CAN SPEAK TO THE CHARACTER(S) OF THE FAMILY NAMED

The family named below has applied for full membership in the LACOMBE CHRISTIAN SCHOOL SOCIETY. The LCS Board would appreciate your candid evaluation of the involvement of this family in your church.

**The information you provide will be held in strictest confidence and will not be shared with the family.**

Please promptly return the completed reference form to LCS by email: [office@lacs.ca](mailto:office@lacs.ca)

Reference for: \_\_\_\_\_ Date: \_\_\_\_\_

Family Name

1. Does the family above attend your church faithfully? (Circle One)

Regularly /Occasionally / Seldom

2. Are they members of your church? Yes / No / Not Sure

3. Would this family provide positive Christian influence at Lacombe Christian School?

Yes / No / Not Sure

4. Are the parents active in church activities? Yes / No / Not Sure

Please specify: \_\_\_\_\_

5. Please provide any other information that would be helpful or relevant to us.

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

Name of Pastor/Elder/Deacon/other:\_\_\_\_\_ Position:\_\_\_\_\_

Church Name:\_\_\_\_\_ Signature:\_\_\_\_\_







# 2023-2024

## TUITION AGREEMENT FORM

### 2023-2024 FEE SCHEDULE:

Criteria:	AMOUNT	YOUR SELECTION:
Playschool Student ONLY. (No other children @ LCS)	Tue/Th: \$1,248 Fri only: \$875	
Playschool Student with other children in LCS K-9.	Tue/Th: \$780 Fri only: \$546	
Kindergarten Student ONLY. (No other children @ LCS) Suggested donation.	\$ 1,200	
Tuition Fee for families with children in LCS Grades K-9.	\$ 6,000	
Tuition Fee for families with children in LCS Grades K-9, AND children attending CACHS.	\$ 4,500	
	<b>TOTAL FEES:</b>	

1. All fees include the \$100 LCS Membership Fee.
2. WAYS TO PAY:
  - 2.1 We encourage you to use the EFT Form (on reverse side) for automatic transfers. (If you already have EFT set up with us, please indicate this is a renewal with the amended amount to be debited.)
  - 2.2 E-Transfers are also accepted. Email [business@lacs.ca](mailto:business@lacs.ca)
  - 2.3 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.
3. Government funding for independent schools in Alberta covers only a part of the school's operating costs, therefore the need for charging tuition.
4. Please find a copy of the current tuition policy attached to this package.
5. If applicable, please complete the Tuition Relief form attached to this package.

**If you have any questions, please email the LCS Business Administrator:  
(Jack Oudman) at [business@lacs.ca](mailto:business@lacs.ca)**

#### Payment Schedule:

Monthly (12 months): \_\_\_\_\_  
 Monthly (10 months): \_\_\_\_\_  
 Quarterly: \_\_\_\_\_  
 Semi-Annually: \_\_\_\_\_  
 Annually: \_\_\_\_\_  
 Other: \_\_\_\_\_

#### Payment Method:

EFT: \_\_\_\_\_  
 E-transfer: \_\_\_\_\_  
 Debit/Credit Card: \_\_\_\_\_  
 Other: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 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.