



# 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. That Lacombe Christian School exists to educate primarily the children of Christian parents.
2. That admission is available to all students of parents who agree with the aim and purpose of the school.
3. That a clear commitment to regular church attendance and participation, as well as an evident home faith life must be present to be considered for admission.
4. That parents must either agree or voluntarily comply with the statement of faith that LCS holds to, thereby indicating non-interference with the Christian mission and vision of the school.
5. That no child shall on the grounds of race, gender, or special needs be excluded from admission to Lacombe Christian School.
6. That, generally, the enrollment process for families will begin in order of the date of receipt of their application. **Applications for the upcoming school year received after the last day of the current school year cannot be guaranteed approval by the first day of school.**
7. That the Board may limit enrollment.

### 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. Pastoral Reference Letter completed.
  - c. Tuition agreement form.
  - d. 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): \_\_\_\_\_

### Contact Information Consent:

LCS gives our LCS families a phone list of all our registered families to assist with communication and fellowship.

Due to PIPA regulations, we are unable to distribute our LCS Family Phone List to parents without your consent.

I agree that LCS can add my phone number to our Family Phone List for internal use only. **Yes** **No**

### 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**