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|--|--|
| For Office Use Only | |
| Date rec'd _____ | Interview Date: _____ |
| Registration Fees \$ _____ | |
| Medicare Number <input type="checkbox"/> | Immunization Record <input type="checkbox"/> |

International Student Application/ Information Form

** Please Print **

| |
|---|
| Student Information (This form is to be completed by the Applicant's Parent or Guardian) |
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| | | |
|---|---|-----------------------------|
| Student's Full Legal Name <small>(first/middle/last)</small> | | Student's Preferred Name |
| Date of Birth <small>(day/month/year)</small> | Male <input type="checkbox"/> Female <input type="checkbox"/> | Medicare Number: |
| Grade level applying for: | When would you like to begin classes: | <small>(month/year)</small> |

| |
|---------------------------|
| Family Information |
|---------------------------|

| | | |
|--|----------------------------|--|
| Father's Name | Lives with the child/ren | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mother's Name | Lives with the child/ren | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Guardian's Name | Lives with the child/ren | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Canadian Address (if known) | City | Province |
| Postal Code | Home ☎ () | |
| E-mail Address <small>(Helpful for Home to School Communications)</small> | | |
| Father's Business ☎ () | Mother's Business ☎ () | |
| Father's Cell 📱 | Mother's Cell 📱 | |
| Father's Occupation | Mother's Occupation | |
| International Address: | E-mail: | |
| Country: | Fax () | |

Other Children in the Family

| | | |
|-----------------------------|-----|------------------|
| Name | Age | School Attending |
| Name | Age | School Attending |
| Name | Age | School Attending |
| Language Spoken in the Home | | |

Additional Information

Has the applicant any health or physical limitations? If Yes please explain.

Any allergies or life threatening conditions? If Yes please explain.

If the applicant needs to take any type of medication regularly, please obtain and complete a more detailed Health Form from the school office.

Canadian Doctor's Name (if known)

Phone ☎ ()

Religious Information: Are you aware that VCA is a Christian School? Yes No

Student's Religion:

Canadian Church (if known)

Mother's Religion:

Father's Religion:

IF THIS IS YOUR FIRST CHILD IN VALLEY CHRISTIAN ACADEMY:

How did you learned about our school:

Your reason for applying for admissions:

School last attended:

Please indicate academic level of student's previous work: Excellent Good Average Poor

Has the student ever been expelled, suspended or refused admission at another school: Yes No

**By signing this application: I am familiar with the philosophy of VCA and agree that my child will follow the program and regulations of this school.

Signature of Parent

Date:

Signature of Guardian

Date:

** To begin the registration process, please include your non-refundable application fee:

Early Registration November 1st to February 28th

- \$100.00 per child

Late Registration March 1st to July 31st

- \$125.00 per child

After August 1st

- \$150.00 per child

The application process will be considered complete after an interview and payment of tuition fees. A Letter of Acceptance will be sent prior to the first day of school.

➤ Students applying for Grade 1 must be 6 years of age on or before December 31 of the year in which they enroll.