



For Office Use Only

Date rec'd _____

Interview Date: _____

Registration Fees \$ _____

Medicare Number

Immunization Record

Student Application/ Information Form

** Please Print **

Student Information (This form is to be completed by the Applicant's Parent or Guardian)

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 June 30th

- \$125.00 per child

After June 30th

- \$150.00 per child - \$10.00 each additional 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.