



350B 30 St NE
 Salmon Arm, BC V1E 1J2
 250-832-5200(p) 250-832-5201 (f)
info@kingschristianschool.com

KING'S CHRISTIAN SCHOOL ADMISSIONS APPLICATION FORM KINDERGARTEN

FOR OFFICE USE ONLY		
Date Received	Application Fee	
Assessment Date	Birth Certificate	
Interview Date	Medical Form	
Bus Needed	Custody Documents	
Medical Alert	Partnership Agreement	
Custody Alert	SPED Documents	
LRT		

STUDENT INFORMATION

Legal First Name		Legal Middle Name		Legal Last Name	
Usual Name Used (if different from above)			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Grade Applied For
Address			City	Province	Postal Code
Home Phone Number		Cell Number		Student's Social Insurance #	
Who Has Legal Guardianship of Student? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Other				If there is a custody agreement in place, please attach a copy	
Preschool or Strong Start Program attended (if any):				Aboriginal Ancestry? If yes: <input type="checkbox"/> Not on Reserve <input type="checkbox"/> On Reserve	
Country of Birth		Student Citizenship		Band code, if applicable: <input type="checkbox"/> We live out of town and are interested in bus service	

PARENT INFORMATION

	Father/Guardian		Mother/Guardian	
First and Last Name				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Common Law		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Common Law	
Address (if different from child)				
Contact Info	Home Phone	Cell Phone	Home Phone	Cell Phone
	Work Phone	Email	Work Phone	Email
Occupation				
Citizenship of Parent	<input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Work Visa <input type="checkbox"/> Other <input type="checkbox"/> Refugee		<input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Work Visa <input type="checkbox"/> Other <input type="checkbox"/> Refugee	

FAMILY INFORMATION

Emergency Contacts (other than parents)	Name:	Phone Number:
	Name:	Phone Number:
Other Children in Family not Applying	Name:	Age:
	Name:	Age:
	Name:	Age:
	Name:	Age:
Faith	Is father a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No Is mother a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No Is student a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Church Attending: How often do you attend?

MEDICAL INFORMATION

Do you have any known or suspected concerns for your child's health in any of the following areas:		
Life Threatening Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
Special Diet Related Health Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
Difficulty Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
Difficulty with Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
Non-Life Threatening Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
Other Medical Condition or Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
Other Medical Information:		
Does your child take any Medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate name of medication and reason for taking it:
Child's Family Doctor:	Name:	Phone:
Child's MSP Number:	#	If your child has a medical condition, please fill out the Medical Alert Planning Form attached

SPECIAL EDUCATION/LEARNING ASSISTANCE INFORMATION Please attach reports, assessments, diagnoses, etc

Please indicate if your child has received support in any of the following areas:		
Learning Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Speech/Language Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Psych Ed Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

GENERAL INFORMATION

How did you hear about our school?

Please indicate your reasons for selecting this school:

In what ways do you expect our program to help your child?

Has the applicant ever had disciplinary difficulties? If yes, please explain:

Do you believe your child may require Learning Assistance support at KCS?

Yes No If yes, please specify which subject(s): _____

PARENT AGREEMENT (Please initial to confirm that you agree with the statements below)

	I have read and agree with article II (A-D) in the Society's Constitution outlining the purpose for King's Christian School. I am also supportive of the school's philosophy, aims and objectives.
	I have read the Parent Handbook and fully understand the commitment I am making.
	I understand that school administrators and teachers may need to correct or discipline my child from time to time. I will support administrators and teachers as they employ wise and appropriate discipline, and will cooperate when administrators or teachers feel it is necessary to meet with me regarding my child.
	I give permission for KCS staff to access student records for my child, to plan for, or deliver education, health, social or other support services.
	I realize that all students are expected to work to the best of their ability and are expected to follow the student rules of conduct. I understand that KCS reserves the right to suspend or expel any student who fails to comply with the established regulations and discipline, or whose financial obligation are not met.
	I realize that enrollment in some or all grade levels may be limited due to student numbers or class capacity levels and am willing to place my child's name on a waiting list if necessary.
	I give permission to use my child's photo on the website, teacher blogs or in school advertising
	I give the school permission to include our family's names, phone number and email in the school phone directory. This directory will be distributed to KCS staff and families only.
	I release King's Christian School from the responsibility of any liability involving injury or accident to my child participating in activities as part of KCS academic, athletic or extra-curricular programming and/or events.

Signature of Mother _____

Signature of Father _____

Date _____

What Happens Next?

1. Return completed application form to KCS office and include:
 - \$35 per child application fee (King's Christian Preschool students have already paid this fee)
 - Copy of child's birth certificate
 - Signed partnership agreement (one per family)
 - Custody agreement (if applicable)
 - Assessments, reports or diagnoses (if applicable)
2. School will contact you to arrange a time for your child to come in for an assessment. King's Christian Preschool students will be assessed during preschool.
3. Once assessment is complete, school will contact you to arrange an interview with Administration. We ask that both parents and applying student attend this interview.

LEGAL RESIDENCY OF PARENT - FORM A

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

Lawfully Admitted into Canada

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other - Document description: (must be cleared with Immigration Canada)

Residency in British Columbia

2. I am a resident of British Columbia (please X one):

Yes Residency address: _____

No I am not a resident of British Columbia

Confirming signature:

3. Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____

Date: _____

PARENT OBSERVATIONS KINDERGARTEN STUDENT NAME: _____

Please rate your child with respect to each of the characteristics listed below by checking one or more items under each heading which most closely represents your evaluation.

<p><u>Physical Condition</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Rugged and vigorous <input type="checkbox"/> Good health <input type="checkbox"/> Fairly healthy <input type="checkbox"/> Somewhat below par <input type="checkbox"/> Partially incapacitated due to physical disability <input type="checkbox"/> Frequently incapacitated <input type="checkbox"/> No observation 	<p><u>Unselfishness</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Rarely fails to put interest of others first <input type="checkbox"/> Consistently considerate of others <input type="checkbox"/> Usually thinks of others first <input type="checkbox"/> Frequently seeks own interest even though others may be hurt <input type="checkbox"/> Thinks only of self <input type="checkbox"/> No observation 	<p><u>Perseverance</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Perseveres in spite of difficulties <input type="checkbox"/> Consistently completes tasks <input type="checkbox"/> Usually carries on to finish <input type="checkbox"/> Finishes easy tasks, but is easily discouraged by difficulties <input type="checkbox"/> Starts but habitually does not finish tasks <input type="checkbox"/> No observation
<p><u>Emotional Stability</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Maintains balance and control under difficult circumstances <input type="checkbox"/> Well balanced and controlled <input type="checkbox"/> Usually well balanced <input type="checkbox"/> Somewhat overemotional <input type="checkbox"/> Frequently worried, anxious, tense or nervous <input type="checkbox"/> Highly excitable <input type="checkbox"/> Frequently depressed or discouraged <input type="checkbox"/> Inclined to be apathetic <input type="checkbox"/> No observation 	<p><u>Friendliness</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Warmly friendly with many <input type="checkbox"/> Moderately friendly with many <input type="checkbox"/> Quiet or shy <input type="checkbox"/> Exclusive friendships <input type="checkbox"/> Easily offended <input type="checkbox"/> Generally aloof <input type="checkbox"/> Often sullen <input type="checkbox"/> No observation 	<p><u>Following Orders</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent in following orders <input type="checkbox"/> Follows orders satisfactorily <input type="checkbox"/> Sometimes follows orders, sometimes not <input type="checkbox"/> Does things his/her own way regardless of others <input type="checkbox"/> No observation
<p><u>Expression of Feelings</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Speaks well of others <input type="checkbox"/> Tactful <input type="checkbox"/> Non-argumentative <input type="checkbox"/> Fault Finding <input type="checkbox"/> No observation 	<p><u>Teamwork</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Very effective in teamwork <input type="checkbox"/> Works well with others <input type="checkbox"/> Seldom cooperates with others <input type="checkbox"/> Seeks to dominate <input type="checkbox"/> Frequently causes friction <input type="checkbox"/> No observation 	<p><u>Self-Discipline</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Shows excellent self-discipline <input type="checkbox"/> Shows good self-discipline <input type="checkbox"/> Shows normal self-discipline <input type="checkbox"/> Shows poor self-discipline <input type="checkbox"/> Avoids different tasks <input type="checkbox"/> Does not control temper <input type="checkbox"/> Risks emotional stability with over self-discipline
<p><u>Social Acceptability</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sought by others <input type="checkbox"/> Liked by everyone <input type="checkbox"/> Liked by most people <input type="checkbox"/> Tolerated by others <input type="checkbox"/> Avoided by others <input type="checkbox"/> No observation 	<p><u>Workmanship</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Extremely good workmanship <input type="checkbox"/> Satisfactory workmanship <input type="checkbox"/> Usually shows satisfactory workmanship <input type="checkbox"/> Some work well done and some poorly done 	

MEDICAL ALERT PLANNING FORM (fill out only if your child has a medical condition)

Student Name: _____	For School Year: _____
Birth Date: _____ (yy / mm / dd)	MSP #: _____
Parent/Guardian: _____	Home Phone : _____
Cell phone: _____	Business Phone: _____
Emergency Contact: _____	Phone: _____
Physician: _____	Phone: _____

Medical condition diagnosed as:

New Condition: Yes / No Date condition identified: _____
(yy / mm / dd)

Describe symptoms and/or reactions that are a result of this condition:

Ways to prevent symptoms or reactions:

Steps school staff should take when symptoms or reactions are present:

1. _____
2. _____
3. _____
4. _____

Medication needed: Yes / No

Name of Medication: _____

Dosage: _____

Directions for Use: _____

Where is Medication stored during school hours: _____

I give permission to the school to give medication as outlined on this form to my child, _____, in the case of a medical emergency as a result of the above mentioned medical condition. I understand that it is my responsibility to provide this medication to the school and/or notify them where to find it in the event that it is needed. I understand that the school will make all efforts to contact me or an emergency contact if a medical incident occurs and that the school will seek emergency medical attention if needed.

Parent/Guardian Signature _____ Date _____