

# APPLICATION FORM



# Harvest City

CHRISTIAN ACADEMY

HARVEST CITY CHRISTIAN ACADEMY

Date \_\_\_\_\_ 20\_\_\_\_



This application must be filled out completely prior to your interview. All forms in the application package must be brought to the main school office a minimum of 2 days before your scheduled interview.

An interview with the parents and the child will be required before final acceptance. If at that time we feel that your family and Harvest City Christian Academy are a good fit, you will be contacted to complete the registration process.

How did you hear about this school? \_\_\_\_\_

Reason for selecting a Christian school: \_\_\_\_\_

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

## PART 1 — STUDENT DEMOGRAPHICS (PLEASE PRINT CLEARLY)

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Name Used (If different than legal name): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Age: \_\_\_\_\_ Gender:  Male  Female

Grade Completed: \_\_\_\_\_ Entering HCCA in Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Apartment # House # Street City Postal Code*

Student Resides with (check one that applies):  Mother & Father  Mother Only  Father Only  Guardian/Other

Names of Sibling(s) at this school: \_\_\_\_\_

Former Schools Attended: School Name: \_\_\_\_\_ date: \_\_\_\_\_

School Name: \_\_\_\_\_ date: \_\_\_\_\_

School Name: \_\_\_\_\_ date: \_\_\_\_\_

Emergency Contact Name (Other than Parent): \_\_\_\_\_

Phone No. of Emergency Contact: \_\_\_\_\_

Medical Information or allergies the school should be aware of: \_\_\_\_\_

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

Additional Information: (Custody Agreements, Medical, Social etc.): \_\_\_\_\_

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

Does your child have any medication and/or procedures that are required to be administered during regular school hours? This would include an asthma inhaler. \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered YES to the above question, please ask for a Parental Release & Authorization Form and/or an Asthma Management Plan Form from the school office, before the first day of your child's attendance in school.

Please provide a copy of the student's Birth Certificate.

COPY PROVIDED \_\_\_\_ (CHECK)

Country of Birth: \_\_\_\_\_ Country(ies) of Citizenship: \_\_\_\_\_

First Language Spoken at Home: \_\_\_\_\_

Second Language Spoken at Home: \_\_\_\_\_

If English is not their first language, has the student received any English-Language support?  yes  no

Is one or more parent a Canadian/Permanent Resident?  yes  no *If no, please contact Newcomer Welcome Center for registration.*

If the Student is **NOT** a Canadian Citizen, please check one of the below to indicate what type of Residency applies to the Student:

- Permanent Resident  Temporary Resident  Refugee  Student/Visitor Visa

**FOR OFFICE USE ONLY:** Please visually inspect student and parent documents.

Proof of Canadian Status for student was visually witnessed by: \_\_\_\_\_  
Document Witnessed:  Canadian Birth Certificate  Canadian Citizenship Certificate  Canadian Passport  Certificate of Indian Status

If the Student is not a Canadian Citizen, please provide a copy of a Permanent Resident Card OR Student Visa OR Study Permit.

COPY PROVIDED \_\_\_\_ (CHECK)

### SELF-DECLARATION INFORMATION:

Information on Indigenous ancestry is collected in the SDS by the Ministry of Education to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry.

Indigenous people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis, or Inuit. Based on this definition, do you consider the student that you are registering to be an Indigenous person? Yes \_\_\_\_ No \_\_\_\_

If **Yes**, please check the box that best identifies the student.

- First Nations/Registered/Treaty/Status  
 First Nations/Non-Registered/Non-Status  Métis  Inuit

## PART 2 — PARENTAL CONTACT INFORMATION (PLEASE PRINT CLEARLY)

- Married  Single  Widowed  Remarried  Blended Family  Separated/Divorced

Parent/Guardian Contact #1: \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_\_  
First Name Last Name

Relationship to Student : \_\_\_\_\_  
(i.e. Mother, Father, Guardian, etc.)

\_\_\_\_ Lives with student ... OR give address below

Address: \_\_\_\_\_  
Apartment #/House # Street City Postal Code

Daytime Phone (Business): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Contact #2: \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_\_  
First Name Last Name

Relationship to Student : \_\_\_\_\_  
(i.e. Mother, Father, Guardian, etc.)

\_\_\_\_ Lives with student ... OR give address below

Address: \_\_\_\_\_  
Apartment #/House # Street City Postal Code

Daytime Phone (Business): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Church Attending \_\_\_\_\_ Pastor \_\_\_\_\_

Father: Christian? Yes \_\_\_\_ No \_\_\_\_ Mother: Christian? Yes \_\_\_\_ No \_\_\_\_ Guardian: Christian? Yes \_\_\_\_ No \_\_\_\_

Has applicant (student) ever made a profession of faith in Christ? Yes \_\_\_\_ No \_\_\_\_

If yes, brief description: \_\_\_\_\_

## PART 3 — STUDENT BEHAVIOUR AND HISTORY (PLEASE PRINT CLEARLY)

What are some of this student's strengths or things you would like us to know: \_\_\_\_\_

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Has this student ever had academic or behaviour challenges?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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Has this student ever been on a school-designed personal program plan for academic and/or behavioural challenges?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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Has this student ever repeated a grade in school?

Yes \_\_\_\_ No \_\_\_\_ If yes, provide detail: \_\_\_\_\_

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Has this student ever had disciplinary difficulties?

Yes \_\_\_\_ No \_\_\_\_ If yes, provide detail: \_\_\_\_\_

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Has this student ever been expelled, suspended, or refused admission to another school?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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Has this student ever been in trouble with the law, arrested, etc. ?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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Are you aware of this student using alcohol, tobacco, drugs, or vaping currently or in the past?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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## PART 3 — STUDENT BEHAVIOUR AND HISTORY CONT. (PLEASE PRINT CLEARLY)

Has this student ever been TESTED for, or DIAGNOSED as having any of the following:

Psychological Assessment	Tested:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	In Progress	<input type="checkbox"/>	Date: _____	Diagnosis: _____
ADD / ADHD / ADD atypical type:	Tested:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	In Progress	<input type="checkbox"/>	Date: _____	Diagnosis: _____
Auditory Processing Disorder:	Tested:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	In Progress	<input type="checkbox"/>	Date: _____	Diagnosis: _____
Autism Spectrum Disorder:	Tested:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	In Progress	<input type="checkbox"/>	Date: _____	Diagnosis: _____
Learning Disability:	Tested:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	In Progress	<input type="checkbox"/>	Date: _____	Diagnosis: _____
Physical or sensory difficulties:	Tested:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	In Progress	<input type="checkbox"/>	Date: _____	Diagnosis: _____
Other: _____	Tested:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	In Progress	<input type="checkbox"/>	Date: _____	Diagnosis: _____

Most recent eye examination: \_\_\_\_\_ Most recent hearing test: \_\_\_\_\_  
(date of examination) (date of test)

### **TRANSPORTATION AGREEMENT:**

I/we are aware that the school does not offer bussing or transportation. I/we will arrange our own transportation or call other families to arrange for carpooling.

\_\_\_\_\_  
Parent/Guardian Name - Please Print

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date signed

### **CONSENT TO CONTACT FORMER SCHOOL(S):**

I/we hereby give permission for the exchange of information between Harvest City Christian Academy and the students' former school(s)

\_\_\_\_\_  
Applicant Name (Student) - Please Print

\_\_\_\_\_  
Parent/Guardian Name - Please Print

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent/Guardian Name - Please Print

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date signed

### **STATEMENT OF COMMITMENT:**

The education of children is a cooperative venture between parents and the school, and therefore, I/we agree to abide by the policies and regulations of Harvest City Christian Academy, and agree to uphold the decisions of the school administration. By signing this form, you have agreed that all information given is true, current and correct. Any information knowingly omitted or falsified by a parent may result in an application being rejected or the possibility of that student being removed from enrollment in the program.

\_\_\_\_\_  
Parent/Guardian Name - Please Print

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent/Guardian Name - Please Print

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date signed

## **Our Mission**

**To assist parents by providing a quality, Bible-based education in a Christian environment. This is accomplished by nurturing each child to grow spiritually, academically, socially, and physically, with an emphasis on Christian values and character development.**