

Admissions Application

Use this form to apply for enrolment in Bulkley Valley Christian Online School.

FAMILY INFORMATION			
LAST NAME			
MOTHER'S NAME		MOTHER'S CELL	WORK PHONE
FATHER'S NAME		FATHER'S CELL	WORK PHONE
STREET ADDRESS			
MAILING ADDRESS			
HOME PHONE			
EMAIL			
MARITAL STATUS		<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Divorced (provide copy of custody agreement and legal guardianship)	
STUDENT(S) LIVE WITH		IS YOUR FAMILY SUBJECT TO ANY OF THE FOLLOWING	
<input type="radio"/> Both parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian		<input type="radio"/> Custody and/or parenting agreement(s) <input type="radio"/> Court order(s) <input type="radio"/> Other (provide details)	
CHURCH AFFILIATION (IF APPLICABLE)		HOME CHURCH	

CHILD 1 Please attach: Recent report card Birth Certificate

NAME		<input type="radio"/> M <input type="radio"/> F	
DATE OF BIRTH (D/M/Y)		GRADE APPLICATION	
Current school			
WHAT SCHOOL IS YOUR CHILD CURRENTLY ATTENDING?			GRADE
Does your child have any of the following medical conditions?			
<input type="radio"/> Diabetes	<input type="radio"/> Hearing problems	<input type="radio"/> Heart conditions	
<input type="radio"/> Asthma	<input type="radio"/> Vision problems	<input type="radio"/> Contact lenses	
<input type="radio"/> Epilepsy	<input type="radio"/> Allergies	<input type="radio"/> Medications	
DETAILS We may request additional information.			
English Language			
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?			<input type="radio"/> Y <input type="radio"/> N
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?			<input type="radio"/> Y <input type="radio"/> N
DETAILS We may request additional information.			
Educational Support services: Has your child:			
...REPEATED ANY GRADES?			<input type="radio"/> Y <input type="radio"/> N
...RECEIVED TUTORING OUTSIDE OF SCHOOL?			<input type="radio"/> Y <input type="radio"/> N
...RECEIVED SPEECH LANGUAGE THERAPY?			<input type="radio"/> Y <input type="radio"/> N
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?			<input type="radio"/> Y <input type="radio"/> N
...HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?			<input type="radio"/> Y <input type="radio"/> N
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:			
<input type="radio"/> Learning assistance	<input type="radio"/> Special education		
<input type="radio"/> Enriched/Gifted	<input type="radio"/> English Language Learning		
<input type="radio"/> BV Child Development Centre	<input type="radio"/> Supported Child Development		
<input type="radio"/> Thomas Robinson Consulting	<input type="radio"/> Other alternative therapies		
DOES YOUR CHILD HAVE:			
<input type="radio"/> IEP (Individual Education Plan)	<input type="radio"/> SLP (Student Learning Plan)		
<input type="radio"/> LSP (Learning Support Plan)			
If you checked anything in this box, please include a copy of the IEP, SLP or LSP.			

CHILD 2 Please attach: Recent report card Birth Certificate

NAME		<input type="radio"/> M <input type="radio"/> F	
DATE OF BIRTH (D/M/Y)		GRADE APPLICATION	
Current school			
WHAT SCHOOL IS YOUR CHILD CURRENTLY ATTENDING?			GRADE
Does your child have any of the following medical conditions?			
<input type="radio"/> Diabetes	<input type="radio"/> Hearing problems	<input type="radio"/> Heart conditions	
<input type="radio"/> Asthma	<input type="radio"/> Vision problems	<input type="radio"/> Contact lenses	
<input type="radio"/> Epilepsy	<input type="radio"/> Allergies	<input type="radio"/> Medications	
DETAILS We may request additional information.			
English Language			
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?			<input type="radio"/> Y <input type="radio"/> N
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?			<input type="radio"/> Y <input type="radio"/> N
DETAILS We may request additional information.			
Educational Support services: Has your child:			
...REPEATED ANY GRADES?			<input type="radio"/> Y <input type="radio"/> N
...RECEIVED TUTORING OUTSIDE OF SCHOOL?			<input type="radio"/> Y <input type="radio"/> N
...RECEIVED SPEECH LANGUAGE THERAPY?			<input type="radio"/> Y <input type="radio"/> N
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?			<input type="radio"/> Y <input type="radio"/> N
...HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?			<input type="radio"/> Y <input type="radio"/> N
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:			
<input type="radio"/> Learning assistance	<input type="radio"/> Special education		
<input type="radio"/> Enriched/Gifted	<input type="radio"/> English Language Learning		
<input type="radio"/> BV Child Development Centre	<input type="radio"/> Supported Child Development		
<input type="radio"/> Thomas Robinson Consulting	<input type="radio"/> Other alternative therapies		
DOES YOUR CHILD HAVE:			
<input type="radio"/> IEP (Individual Education Plan)	<input type="radio"/> SLP (Student Learning Plan)		
<input type="radio"/> LSP (Learning Support Plan)			
If you checked anything in this box, please include a copy of the IEP, SLP or LSP.			

CHILD 3		Please attach: <input type="checkbox"/> Recent report card <input type="checkbox"/> Birth Certificate	
NAME		<input type="checkbox"/> M <input type="checkbox"/> F	
DATE OF BIRTH (D/M/Y)	GRADE APPLICATION		
Current school			
WHAT SCHOOL IS YOUR CHILD CURRENTLY ATTENDING?		GRADE	
Does your child have any of the following medical conditions?			
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing problems <input type="checkbox"/> Heart conditions <input type="checkbox"/> Asthma <input type="checkbox"/> Vision problems <input type="checkbox"/> Contact lenses <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies <input type="checkbox"/> Medications			
DETAILS We may request additional information.			
English Language			
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?		<input type="checkbox"/> Y <input type="checkbox"/> N	
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?		<input type="checkbox"/> Y <input type="checkbox"/> N	
DETAILS We may request additional information.			
Educational Support services: Has your child:			
...REPEATED ANY GRADES?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...RECEIVED TUTORING OUTSIDE OF SCHOOL?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...RECEIVED SPEECH LANGUAGE THERAPY?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:			
<input type="checkbox"/> Learning assistance <input type="checkbox"/> Special education <input type="checkbox"/> Enriched/Gifted <input type="checkbox"/> English Language Learning <input type="checkbox"/> BV Child Development Centre <input type="checkbox"/> Supported Child Development <input type="checkbox"/> Thomas Robinson Consulting <input type="checkbox"/> Other alternative therapies			
DOES YOUR CHILD HAVE:			
<input type="checkbox"/> IEP (Individual Education Plan) <input type="checkbox"/> SLP (Student Learning Plan) <input type="checkbox"/> LSP (Learning Support Plan)			
If you checked anything in this box, please include a copy of the IEP, SLP or LSP.			

CHILD 4		Please attach: <input type="checkbox"/> Recent report card <input type="checkbox"/> Birth Certificate	
NAME		<input type="checkbox"/> M <input type="checkbox"/> F	
DATE OF BIRTH (D/M/Y)	GRADE APPLICATION		
Current school			
WHAT SCHOOL IS YOUR CHILD CURRENTLY ATTENDING?		GRADE	
Does your child have any of the following medical conditions?			
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing problems <input type="checkbox"/> Heart conditions <input type="checkbox"/> Asthma <input type="checkbox"/> Vision problems <input type="checkbox"/> Contact lenses <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies <input type="checkbox"/> Medications			
DETAILS We may request additional information.			
English Language			
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE?		<input type="checkbox"/> Y <input type="checkbox"/> N	
ANY PRIOR SCHOOLING IN A LANGUAGE OTHER THAN ENGLISH?		<input type="checkbox"/> Y <input type="checkbox"/> N	
DETAILS We may request additional information.			
Educational Support services: Has your child:			
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...RECEIVED TUTORING OUTSIDE OF SCHOOL?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...RECEIVED SPEECH LANGUAGE THERAPY?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...BEEN DIAGNOSED WITH ADHD OR ANXIETY?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...HAVE A BEHAVIOUR/SAFETY PLAN IN PLACE?		<input type="checkbox"/> Y <input type="checkbox"/> N	
...RECEIVED ANY OF THE FOLLOWING SUPPORT SERVICES:			
<input type="checkbox"/> Learning assistance <input type="checkbox"/> Special education <input type="checkbox"/> Enriched/Gifted <input type="checkbox"/> English Language Learning <input type="checkbox"/> BV Child Development Centre <input type="checkbox"/> Supported Child Development <input type="checkbox"/> Thomas Robinson Consulting <input type="checkbox"/> Other alternative therapies			
DOES YOUR CHILD HAVE:			
<input type="checkbox"/> IEP (Individual Education Plan) <input type="checkbox"/> SLP (Student Learning Plan) <input type="checkbox"/> LSP (Learning Support Plan)			
If you checked anything in this box, please include a copy of the IEP, SLP or LSP.			

PERMISSION	MOTHER'S CITIZENSHIP	FATHER'S CITIZENSHIP	STATUS UNDER INDIAN ACT
I/we give permission for Bulkley Valley Christian Online School to contact my child(ren)'s previous and/or current school for further information if needed. <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Status Indian <input type="checkbox"/> Living on reserve BAND NAME & NUMBER

APPLICATION BACKGROUND
BRIEFLY, WHY ARE YOU APPLYING FOR ENROLLMENT AT BULKLEY VALLEY CHRISTIAN ONLINE SCHOOL?

IMPORTANT: READ AND SIGN						
<p>By signing this form, I/we are making application for admission to Bulkley Valley Christian Online School and declare that:</p> <ul style="list-style-type: none"> I/we have, to the best of my/our knowledge and ability, answered all questions truthfully and completely; and I/we agree to provide BVCOS with complete and correct information at subsequent stages of this admissions process; and I/we understand that admissions to and enrolment in BVCOS is governed by relevant school policies and I/we agree to be bound by them. <p>This application must be accompanied by a \$100 non-refundable registration deposit (cheque, cash, or money order payable to Bulkley Valley Christian Online School). This amount will be deducted from any tuition paid after four weeks of continuous enrolment.</p>						
<table border="0"> <tr> <td>SIGNATURE</td> <td>PRINT NAME</td> <td>DATE</td> <td>SIGNATURE</td> <td>PRINT NAME</td> <td>DATE</td> </tr> </table>	SIGNATURE	PRINT NAME	DATE	SIGNATURE	PRINT NAME	DATE
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