



Edmonton Christian Schools

Society Office

14304 – 109 Avenue • Edmonton, AB • T5N 1H6 • Tel: 780-476-6281 • Fax: 780-454-0261

www.edmchristian.net

Application for Enrolment Edmonton Christian Schools: 2012-2013

Believing Jesus Christ is Lord over all of life, Edmonton Christian Schools educate students for joyful and responsible service to God and society.

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE ENROLMENT FORM

This enrolment form is a legal document. It must be accurate and complete.

Before a student can be registered in Edmonton Christian Schools (ECS), an application for enrolment must be completed in its entirety, signed by the parent or guardian and accepted by the Edmonton Society for Christian Education (ESCE).

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP)

The personal information collected on this form is part of ESCE's enrolment process. All personal information collected during the enrolment process will be used to determine if the ECS educational program will be in the best interests of your children and ensure a safe and secure school environment.

ESCE believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are activities where personal information may be used by ESCE (subject to your approval – see questions 7-9 on page 3):

- 1) Publishing your children's work and/or photographs of your children/family taken during public ESCE or School events in ESCE publications, including the ESCE website.
- 2) Traveling on ESCE school buses for school related functions or as a casual rider on your request.
- 3) Publishing family names, addresses and phone numbers in our annual directory.

If you have any questions or concerns regarding the collection and the intended purposes of this information, please contact the Development Coordinator of the Edmonton Society for Christian Education at 780-408-7933.

Parent (or Legal Guardian) Information

First Parent/Guardian		Second Parent/Guardian	
Name:		Name:	
Address:		Address (if different):	
City, Province, Postal Code:		City, Province, Postal Code:	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
E-Mail Address:		E-Mail Address:	
Church Presently Attending:		Church Presently Attending:	

Student Information

(Please complete a second form if you are applying for more than 4 children.)

Student 1		
First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date & Year: <small>(Please write name of month)</small>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Grade applied for:	<input type="checkbox"/> Northeast (Kindergarten - Grade 9) 5940 159 avenue	<input type="checkbox"/> West/McQueen (Kindergarten - Grade 9) 14345 McQueen Road
	<input type="checkbox"/> Senior High (Grades 10 – 12) 14304 109 avenue	
School year applied for: 2012-13	Busing Requested: <input type="checkbox"/> Yes. A transportation application must be completed for each student (see enclosed) * Please Note* - Transportation is not available in all areas	
Student 2		
First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date & Year: <small>(Please write name of month)</small>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Grade applied for:	<input type="checkbox"/> Northeast (Kindergarten - Grade 9)	<input type="checkbox"/> West/McQueen (Kindergarten - Grade 9)
	<input type="checkbox"/> Senior High (Grades 10 – 12)	
School year applied for: 2012-13	Busing Requested: <input type="checkbox"/> Yes. A transportation application must be completed for each student (see enclosed) * Please Note* - Transportation is not available in all areas	
Student 3		
First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date & Year: <small>(Please write name of month)</small>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Grade applied for:	<input type="checkbox"/> Northeast (Kindergarten - Grade 9)	<input type="checkbox"/> West/McQueen (Kindergarten - Grade 9)
	<input type="checkbox"/> Senior High (Grades 10 – 12)	
School year applied for: 2012-13	Busing Requested: <input type="checkbox"/> Yes. A transportation application must be completed for each student (see enclosed) * Please Note* - Transportation is not available in all areas	
Student 4		
First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date and Year: <small>(Please write name of month)</small>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Grade applied for:	<input type="checkbox"/> Northeast (Kindergarten - Grade 9)	<input type="checkbox"/> West/McQueen (Kindergarten - Grade 9)
	<input type="checkbox"/> Senior High (Grades 10 – 12)	
School year applied for: 2012-13	Busing Requested: <input type="checkbox"/> Yes. A transportation application must be completed for each student (see enclosed) * Please Note* - Transportation is not available in all areas	

Please provide brief answers to the following questions:

1. How did you come to know about Edmonton Christian Schools?

2. Why do you desire a Christian education program for your children?

3. Have you read and do you agree with the **Mission, Vision and Program Guiding Principles** of The Edmonton Society for Christian Education and the **Summary of Vision-Mission, Goals and Strategies** of Edmonton Christian Schools (*enclosed*)?

___ Yes ___ No

4. Have you read and do you agree with the **Summary Statement of Faith** of The Edmonton Society for Christian Education (*enclosed*)?

___ Yes ___ No

5. How are you providing a home environment that supports and reinforces a Christian school program?

6. Are there any questions or concerns regarding the program and operations of Edmonton Christian Schools that you would like to discuss at the interview?

7. We give the Society permission to publish our children's school work and/or photographs of our children /family taken during public Society or school events in Society publications, including the Society website (Names will not be published unless you give specific permission.)

___ Yes ___ No

8. We give permission for our children to travel on Society school buses for school related functions (e.g. field trips) or as a casual rider upon our request.

___ Yes ___ No

9. The Society publishes an annual *Directory* which is distributed only to families with children enroled in Edmonton Christian Schools. It is not distributed to businesses or organizations. What information may we publish about your family? (*check each item that you agree to have published*):

Names (includes parents' names and names, grades and school name of children) _____

Address _____ **Phone** _____ **Email address** _____ (these items can be published only if names are published)

The name and contact information of an ex-spouse can be included in the *Directory* on request. Contact the Society office for details: 780-476-6281.

Financial Arrangements

Application fee: A \$25 **non-refundable** application fee (payable to the *Edmonton Society for Christian Education*) must be attached to this application form. This fee is used to process your application; it is not applied to your Program fees.

Information About Payment of Fees:

- **Please include only the \$25 application fee with this form.** You will be invoiced for Program, Grade-level and Transportation fees at a later date. See the enclosed fee schedules to estimate your fees.
- If paying with post-dated cheques, please send cheques by September 1.
- If paying by Automatic Bank Withdrawal, please attach to this application form a cheque marked "VOID".
- If paying with credit card, please include card number and expiry date below. **It is likely that an extra fee of about 3% will be charged for credit card payments.** This will be decided on May 28, 2012.

Please Choose one of the following two Payment Options:

Payment in full by September 1.

Cash/cheque

Credit card: **Number:** _____ **Exp. Date:** _____

Monthly payments (payments will be divided over 10 months starting in September). **Please enter details below.**

If You Chose Monthly Payments, Please choose one of the following three Methods of Payment:

Post-dated cheques (*must be in our office by September 1, payable to Edmonton Society for Christian Education*)

Automatic Bank Withdrawal:

Debit my account on the 1st or 15th of each month (*void cheque must be submitted with this application*)

Credit Card: Visa Master card AmEx **Card Number:** _____ **Exp. Date:** _____

Print Card Holder's Name _____ Signature _____

(*Monthly credit card payments will be processed on the **first business day** of each month*)

Reduced program fees request: Check this box to receive an application for a limited fund available on a first-come, first-served basis to low-income families. An application form must be completed each year and is subject to approval. **A payment option and method of payment must still be selected.**

Parent Commitment: The undersigned hereby certify that we:

- Agree as a condition of enrolment and continued enrolment to **support the policies** of Edmonton Christian Schools, the Edmonton Society for Christian Education and Edmonton Public Schools;
- Agree, as a condition of enrolment and continued enrolment, to **pay our fees** in the manner indicated above. We also acknowledge that there may a change in program and transportation fees prior to September 1 and that the Society will notify us of fee changes.

We certify that the facts in the above application are true and complete to the best of our knowledge.

First Parent's Signature

Date

Second Parent Signature

Date

Student Information Sheet

To help us provide the best possible educational experience for you and your children, please provide any information that you think would be important for us to know about his/her strengths and/or challenges in the following areas. (Please note any extra assistance your children received during the past two years and whether that assistance was provided by their school or privately.)

Student 1: Name: _____

a. Academic: _____

b. Social/Behavioral: _____

c. Interests & Hobbies: _____

d. Medical (allergies, medications, etc.): _____

e. Additional personal or family information: _____

Note: Remember to include a copy of the student's most recent report card

Student 2: Name: _____

a. Academic: _____

b. Social/Behavioral: _____

c. Interests & Hobbies: _____

d. Medical (allergies, medications, etc.): _____

e. Additional personal or family information: _____

Note: Remember to include a copy of the student's most recent report card

Student Information Sheet (Page 2)

To help us provide the best possible educational experience for you and your children, please provide any information that you think would be important for us to know about his/her strengths and/or challenges in the following areas. (Please note any extra assistance received during the past two years and whether that assistance was provided by their school or privately.)

Student 3: Name: _____

- a. Academic: _____

- b. Social/Behavioral: _____

- c. Interests & Hobbies: _____

- d. Medical (allergies, medications, etc.): _____

- e. Additional personal or family information: _____

Note: Remember to include a copy of the student's most recent report card

Student 4: Name: _____

- a. Academic: _____

- b. Social/Behavioral: _____

- c. Interests & Hobbies: _____

- d. Medical (allergies, medications, etc.): _____

- e. Additional personal or family information: _____

Note: Remember to include a copy of each student's most recent report card