## **Lakeview Christian School**

### **Returning Student Registration Package**

Student Name:

# LAKEVIEW Christian School

Grade:

#### ADMISSION POLICY

Lakeview Christian School (LCS) seeks to enroll students whose families desire Christian community and education. Both students and parents should be aware of LCS's Seventh-day Adventist Christian principles and agree to support the school's Christian approach to education.

Families wishing to apply for admission to LCS must complete an application package and submit all required documentation. Applications for admission will be evaluated by the Admittance Committee based on previous student grades, attendance records, teacher/principal recommendations, parent cooperation and observation of the prospective student in academic, social settings and the Financial Approval Form. The Financial Approval Form will be completed with the Administrative Assistant. After the Admittance Committee's evaluation, a letter will be sent informing you of their decision. Please refer to the LCS Student Handbook for more detailed information concerning our admission policies. Please feel free to speak with us as we look forward to working with you so that your child(ren) can attend LCS.

#### ADMISSION CHECKLIST

Please complete and submit the following for each student who is applying:

- O Complete Registration Package
- O Payment of all school fees and first month of tuition
- O School Uniform.
- O Grades 5-9 Choice of Band Instrument \_

#### FAMILY PAYMENT PLAN

Tuition and Fees	
Kindergarten – Grade 5	\$4,250
Grade 6-9	\$4,500
Registration Fees	\$300

Family Discounts		
Child 2	15%	
Child 3	30%	
Additional Children	50%	

**Registration Fees:** 

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\$50 discount if paid by April 15

Please choose one of the following tuition payment options:

- Full Payment before the start of the school year for 5% discount.
- 10 Equal monthly installments dated for the 1<sup>st</sup> of each month.
- 10 Equal monthly payments online through Adventist School Pay.

#### Please consider sponsoring another child by contributing to the LCS Bursary Fund.

If you should require financial aid, please fill out the Financial Aid form and submit a current tax assessment from **both** supporting parents. Amounts will be prorated based on income. Please make sure you fill out the form each year as funds are limited and must be accounted for accurately.



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#### STUDENT REGISTRATION FORM

#### STUDENT INFORMATION

Legal Last Name		Legal First Name			Middle Name			
Preferred Name	Preferred Name			Gender (M	I/F)	Birthdate		
Street number and address				L		City		
Province		Postal Code			Country			
Home Phone		Cell Phone			Email Address			
Language spoken at home		Student lives with $\bigcirc$ both parents $\bigcirc$ Mother $\bigcirc$ Father $\bigcirc$ Guardian $\bigcirc$ Other						
Student's Social Insurance Number for Tax Receipt		Are there any custodial or legal arrangements the school should be aware of? ${ m O}$ Yes ${ m O}$ No (attach copy of court/custodial documents)						
Faith or Religion		Denomination						
If Seventh-day Adventist, pleas	e complete the follow	/ing:						
	Student		Mother			Father	Legal Guardian	
Baptised Member Y/N								
Name of SDA Church								
Pastor								

#### PARENT OR LEGAL GUARDIAN INFORMATION

	Mother	Father	Legal Guardian
Full Name			
Work Phone			
Cell Phone			
Email			
Employer			
Occupation			
Home Phone			
Home Address (if not the same as above)			

#### SIBLINGS

Name	Age	Name	Age

#### **MEDICAL FORM**

#### STUDENT INFORMATION

	1		
Student	BC Medical Services Plan #		
Address	•		
Family Doctor's Name	Family Doctor's Phone Number		
	·,		
Private Insurance Company	Private Insurance Plan #		
Does the student have any medical conditions or history of which we should be av	ware?	O Yes	ONo
(i.e., heart condition, diabetes, asthma, epilepsy severe allergies etc.)		0 105	CINC
If yes, please provide details:			
		<u> </u>	
Does the student have any ailments or issues that might affect participation in fiel	id trip activities?	🔾 Yes	ONo
(i.e., ear infection, bronchitis, sinus infection, etc.)			
If yes, please provide details:			
Is the student taking any medications on a regular basis?		<u> </u>	
		() Yes	ONo
If yes, please note that the school cannot administer any medications without write	en narental/guardian nermission. If the student ne	eds to take this r	nedication while

at school or on a field trip, detailed medication information must be filled out and signed by the parent or guardian. Please provide the medication to the staff or field trip supervisor, clearly labeled with the following: student name, medication name, reason for medication and dosage.

Name of Medication	Reason for Medication	Instructions	Dosage

By Signing below, I am requesting that staff or trip supervisors administer these medications as directed above.

Parent or Guardian Signature

#### IN CASE OF EMERGENCY

I hereby request the physician selected by the trip supervisor to provide treatment for my child named above.

Parent or Guardian Signature

Parent or Guardian Signature

(2024-25)

#### ALTERNATE EMERGENCY CONTACTS

In case parents cannot be reached in an emergency

Contact Name	Home Phone	Cell Phone	Relationship to Student



Date

Date





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#### **PRIVACY AND INTERNET USE**

#### PERSONAL INFORMATION PROTECTION ACT (PIPA) PRIVACY CONTRACT

I consent to have Lakeview Christian School (LCS) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parent's work numbers, email addresses, behavioral/academic/health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of LCS

- 1. For the purpose of establishing, maintaining, and terminating the student's or parent(s)'s relationship with LCS and
- 2. For additional purposes identified when or before personal information is collected, and
- 3. As otherwise provided in the BC Conference of Seventh-day Adventist's and LCS's Personal Information Privacy Policy, a copy of which is available upon request.

I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of LCS.

This information is required in order to register your child at LCS and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency.

I consent to have photographs, videos/online streaming and work samples of my child used by LCS in the yearbook, newsletters, web site and other promotional material for the school or the BC Conference Office of Education

I consent to have my phone number included in a school family phone directory (for car pooling, class listing, etc.)

Initial

Initial

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Initial

LCS acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision or instruction of your child at LCS, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Parent or Guardian Signature

Date

#### PERMISSION FOR STUDENT USE OF INTERNET / EMAIL

Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, museums and other repositories of information and to exchange personal communication with other Internet users around the world. Students will be allowed access to Internet resources with the understanding that some material can be inaccurate, biased; controversial therefore inappropriate for classroom use and not be permitted. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory or potentially offensive. While the purposes of the school are to use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to apply for access.

Parent or Guardian Signature

Date