



Cloverdale Christian School

5950 179 Street Surrey, B.C V3S 4J9

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E-Mail: school@cloverdalechristianschool.ca

Website : www.cloverdalechristianschool.ca

2017/2018 SCHOOL REGISTRATION FORM

STUDENT INFORMATION					New Student <input type="checkbox"/>	Returning Student <input type="checkbox"/>
Last Name:		First Name:		Middle Name:		
Home Telephone:		Birth Date (m/d/y):		Grade (entering in Sept.):		
Citizenship:	Aboriginal Background:	Gender:	Kindergarten 3 Day <input type="checkbox"/>	International Student <input type="checkbox"/>		
Canadian <input type="checkbox"/>	No <input type="checkbox"/>	Male <input type="checkbox"/>	Kindergarten 5 Day <input type="checkbox"/>	Student VISA		
Landed Immigrant <input type="checkbox"/>	Yes <input type="checkbox"/>	Female <input type="checkbox"/>	N/A <input type="checkbox"/>	Expiry Date: ____ / ____ / ____		
Other <input type="checkbox"/>	Band _____			Month Day Year		

PARENT INFORMATION				
Mother's First Name:		Mother's Last Name:		
Mother's Telephone:	Work:	Cell:	E-Mail Address:	
Home:				
Father's First Name:		Father's Last Name:		
Father's Telephone:	Work:	Cell:	E-Mail Address:	
Home:				
Street or Municipal Address (Mother):				
City:		Postal Code:		
Street or Municipal Address (Father) (If different from above):				
City:		Postal Code:		
Student Lives With: Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>				
(If applicable, a copy of legal documents must accompany this application.)				

GUARDIAN INFORMATION				
Guardian's First Name:		Guardian's Last Name:		
Guardian's Telephone:	Work:	Cell:	E-Mail Address:	
Home:				
Street or Municipal Address:				
City:		Postal Code:		

EMERGENCY CONTACTS (In case of emergency or school closure, please provide names and phone numbers of contacts if school personnel cannot contact you.)

Name	Phone Number	Relationship to Student
	Home: _____ Cell: _____ Work: _____	
	Home: _____ Cell: _____ Work: _____	

LAST SCHOOL ATTENDED (New students only)

Name of School: _____ Grade: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____ Phone : _____ Fax : _____
 Has your child ever received a special education (IEP) program? YES NO

MEDICAL INFORMATION

Please provide a photocopy of your child's Immunization record and a copy of your child's Care Card.

Family Doctor: _____ Phone Number: _____

B.C. Care Card Number: _____

Are there any medications that your child may need to be administered during the school day?
 YES NO If applicable, please complete the **"Permission to Administer Medication"** Form.

List special health conditions/allergies/physical limitations/special medications:

If potentially life threatening health condition exists, please complete the **"Medical Alert Planning"** Form.

TRANSPORTATION INFORMATION

- We will arrange our own transportation to school.
- We are planning to have transportation provided by the bussing company (Combined Christian School Transportation Association).

CHURCH INFORMATION

Home Church (if applicable): _____

Pastor's Name: _____

PERMISSIONS

I give permission for:

- | | | |
|--|------------------------------|-----------------------------|
| ▪ My child to go on walking trips around the school and to local facilities (within 2 km). | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ▪ My home phone number to be distributed to parents for the emergency phone list. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ▪ My e-mail to be distributed to classroom parents for the contact list. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ▪ My child's photo to be taken to be used for yearbook or newsletters. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ▪ My child's photo to be taken to be used for website or other promotional materials of CCS. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Parent/Guardian Signature: _____

The collection and retention of the personal information on this form is required in order to register your child. The personal information serves to fulfill Cloverdale Christian School's obligation to provide each student with an appropriate placement and educational program that meets their needs. This information will also allow CCS to respond appropriately in the event of an emergency. The collection and retention of this information is permitted under the Personal Information Protection Act (PIPP). The information collected will be kept secure and will not be released to a third party without your consent.

FOR OFFICE USE ONLY

New Students Only

Date Received: _____ Immunization Card Copy of Birth Certificate Care Card
 Pre-Authorized Payment Agreement