

"Committed to Bible-Centered Education"

VALLEY CHRISTIAN ACADEMY

Box 279 Osler, SK. S0K 3A0

Phone: (306) 239-2196 Fax: (306) 239-2213

www.spiritsd.ca/vca



## STUDENT APPLICATION 2017-2018

Note: Please complete all parts of this application for each student applying.

Entry Grade: \_\_\_\_\_ Sept. 2017

### GENERAL INFORMATION

Student's Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City Province Postal Code

Land Location: \_\_\_\_\_  
(if rural) Quarter Section Township Range Meridian

Mailing Address: \_\_\_\_\_  
(if different from above) Box # City Province Postal Code

### PERSONAL INFORMATION

Home Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
MM DD YYYY

SK Health Number: \_\_\_\_\_

Primary Caregiver 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Custody: \_\_\_ Yes \_\_\_ No  
last name, first name

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Caregiver 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Custody: \_\_\_ Yes \_\_\_ No  
last name, first name

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

### Medical Information

Doctor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Alert/Allergies: \_\_\_\_\_

(Medical conditions that may be life threatening. i.e. EpiPen, epileptic, severe allergy, etc.)

## RELIGIOUS INFORMATION

Are you members of the Bergthaler Mennonite Church? \_\_\_\_\_

Church Attending: \_\_\_\_\_

## SCHOLASTIC INFORMATION

School last attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Principal: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

### PLEASE ANSWER EACH QUESTION BELOW:

1. Has either parent attended VCA? \_\_\_\_\_

2. Has child ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_

Explain: \_\_\_\_\_

3. Has child ever used tobacco or non-prescription drugs or been in trouble with the law? \_\_\_\_\_

Explain: \_\_\_\_\_

4. Please circle academic level of pupil's previous work: Excellent, Good, Average, Poor

5. Has child ever repeated a grade in school? \_\_\_\_\_

Explain: \_\_\_\_\_

6. Has child ever received special education assistance? \_\_\_\_\_

Explain: \_\_\_\_\_

7. Has child ever received guidance counseling services? \_\_\_\_\_

Explain: \_\_\_\_\_

**DECLARATION BY STUDENT:** I have read the Student Handbook (on our website [www.spiritsd.ca/vca](http://www.spiritsd.ca/vca)) and agree to abide by the principles and guidelines stated.

\_\_\_\_\_  
Student's Signature

## FEE INFORMATION

### TUITION FEES: Cost per month

#### Bergthaler Church Member

1st child - \$125.00

2nd child - 95.00

3rd child - 85.00

4th child - 65.00

remaining children - 65.00

#### Non-Bergthaler Member

1st child - \$135.00

2nd child - 105.00

3rd child - 95.00

4th child - 75.00

remaining children - 75.00

Kindergarten children are charged half of the designated amount in their category.

### PARENTS' PLEDGE:

"I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my child if proper arrangements are not made on a past due account."

"I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises."

"I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and giving my child encouragement in the completion of any homework or assignments."

"I support the standards of the school and will not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my child."

**DECLARATION BY PARENTS:** I have read the Student Handbook and Parent's Pledge and agree to abide by the principles and guidelines stated.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Guardian (if applicable)

Date: \_\_\_\_\_

**\*\* NOTE: STUDENTS WHO ARE NOT ACCEPTED FOR THIS SCHOOL YEAR MUST RE-APPLY EVERY YEAR TO REMAIN ON THE WAITING LIST.**

FOR OFFICE USE ONLY

Date of Receipt: \_\_\_\_\_

If back-dated, original date of application \_\_\_\_\_