

Valley Christian Academy
Box 279, Osler, SK S0K 3A0
Phone: (306)239-2196
Email: vca@spiritsd.ca

Priority # _____



“Committed to Bible-Centered Education”

STUDENT APPLICATION 2024 – 2025

Notes:

- * Please complete all parts of this application for each student applying (all 4 pages)
- ** Students who are not accepted for this school year must re-apply **EVERY YEAR** to remain on the waiting list.
- *** Applications will be accepted starting the first school day in September for the following school year. Enrollment for Kindergarten for the following year is decided by our Board in Mid-November, and for Grades 1 – 12 in Mid-March. Applications should be sent or dropped off to the school by the beginning of the enrollment month which would be November for Kindergarten and March for Grades 1-12. Applications received after the enrollment has been done, will be added to the waiting list and would only be considered if there’s room in the grade for which they are applying. It is not generally our practice to accept students mid-year, as usually our classes are full.

Entry Grade: _____ September 2024

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 Home Address)

Box #

City

Province

Postal Code

Date of Birth: ____/____/____

MM/DD/YY

Gender: ____ Male ____ Female

Primary Phone: _____

Primary Contacts (at least one contact must receive attendance alerts)

Contact 1: _____ Relationship: _____
Parent/Guardian Last name, First name
Cell Phone: _____
Email: _____ Receive Attendance Alerts: Yes No
Employer: _____ Work Phone: _____

Contact 2: _____ Relationship: _____
Parent/Guardian Last name, First name
Cell Phone: _____
Email: _____ Receive Attendance Alerts: Yes No
Employer: _____ Work Phone: _____

Additional Contacts

Contact 3: _____ Relationship: _____
Last name, First name
Cell Phone: _____
Employer: _____ Work Phone: _____

Contact 4: _____ Relationship: _____
Last name, First name
Cell Phone: _____
Employer: _____ Work Phone: _____

Medical Information

Medical Information/Allergies: _____

Medical Alert: _____

(medical conditions that may be life threatening ie Epi-pen, epileptic, severe allergy, etc)

Medications: _____

- School Administered
 Self Administered

Religious/Family Information

Are you members of the Bergthaler Mennonite Church? Yes No

Church you're attending: _____

Has either parent attended VCA: Yes No _____

Name(s) of alumni / Maiden Name (if applicable)

Are there any siblings attending VCA?

Name: _____

Last Name

First Name

Grade

Name: _____

Last Name

First Name

Grade

Scholastic Information

School last attended: _____

School Name

Address

Phone Number

Principal: _____ Dates of Attendance: _____

Has your child ever been expelled, dismissed, suspended or refused admission to another school? Yes No

If yes, please explain: _____

Please circle academic level of student's previous work: Excellent Good Average Poor

Has your child ever repeated a grade in school: Yes No

If yes, please explain: _____

Has your child ever received special education assistance? Yes No

If yes, please explain: _____

Immigration/Ethnicity

Saskatchewan Resident: Yes No Immigration Status (Citizenship): _____

First Country of Citizenship: _____ Country of Birth: _____

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

Declarations

STUDENT; I have read the Student Handbook (on our website vca@spiritsd.ca) and agree to abide by the principles and guidelines stated. _____

Student's Signature

PARENTS:

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.

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)

FOR OFFICE USE ONLY

Date of Receipt: _____

If re-applying yearly, original date of application: _____

Administrative Assistant's Signature

Priority # _____