

Destiny Christian School

RR4, Site 4, Box 30, Red Deer, AB, T4N 5E4 Phone: (403) 343-6510 Fax: (403) 343-1963

2011-2012 STUDENT APPLICATION (for additional children in a family)

Instructions: Please complete Section A for each student as well as the Family Information in Section B.

Section A - Student Information

Date of Application: _____

Name of Student: _____
Surname First Middle Preferred

Student Address: _____
Address Postal Code Telephone

Sex ✓: Male Female Birth date: ____ (M) ____ (D) ____ (Y)

Student Living With ✓: Father & Mother Father Mother Other

Parent Name: _____
Surname Father's name Mother's name

If other, explain: _____
Relationship to Student

Age as of Sept 1 ____ Applying for entrance to Grade: ____ Desired Entry Date: (M) ____ (D) ____ (Y) ____

Kindergarten applications MUST be accompanied by a copy of your child's birth certificate.

EMERGENCY INFORMATION: {In the event of an emergency, if a parent cannot be reached, contact the following person(s)}

First Emergency Contact: _____
Name Address Home Phone

Employer Work Phone Relationship to Student

Second Emergency Contact: _____
Name Address Home Phone

Employer Work Phone Relationship to Student

Student Education Information: (Please enclose last year’s report card or a photocopy of the report.)

- Our school is not presently equipped to cope with severe learning disabilities, either psychological or physical.
- Destiny Christian School is also not equipped to deal with children who have discipline problems beyond those encountered in the average student.

Has the student failed any grade? If yes, what grade: _____ Yes No

Physical or Mental Handicaps? Yes No
If yes, describe in detail on an attached sheet.

Has the student had any formal or informal disciplinary problems? Yes No
If yes, describe in detail on an attached sheet.

Has the student ever been refused admission or dismissed from another school? Yes No
If yes, describe in detail on an attached sheet.

Has the student made a profession of faith in Jesus according to Romans 10:9-10? Yes No
If yes, at what age? _____

References:

For academic and character reference, I submit the name of the Principal of my son’s/daughter’s present school and the name of one teacher who knows my son/daughter well.

Principal
Name: _____

Teacher
Name: _____

School Name: _____

School Name: _____

City: _____

City: _____

Phone: _____

Phone: _____

Aboriginal Declaration:

If you wish to declare that your student is an aboriginal person, please specify:

- Status Indian/First Nations Non-Status Indian/First Nations Métis Inuit

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP Act) as the information related directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. This information will also be used to determine the provincial First Nations, Métis and Inuit funding allocation provided to the school authorities.

Pursuant to section 7 and 8 of the Personal Information Protection Act (PIPA) accredited private schools in Alberta are collecting this information for the purposes of measuring system effectiveness over time and develop policies, programs and services to Aboriginal learner success. It will also be used to determine the provincial First Nations, Métis and Inuit funding allocation available to the school and will be disclosed to Alberta Education accordingly. By declaring that I am an aboriginal person, I consent to the collection, use and disclosure of this information by the private school for the purposes stated above.

(PIPA requires signed consent [below] from the student or parent guardian)

Student or Parent/Guardian consent:

Signature

Date

For further information of if you have questions regarding the collection activity by Alberta Education, please contact the office of the director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 10155-102 Street Edmonton, AB, T5J 4L5, (780) 427-8501. If you have questions regarding the collection activity by Destiny Christian School, please contact Glenn Mullen at (403) 343-6510 or email to info@destinyschool.ca.

SECTION C – PARENT QUESTIONNAIRE – TO BE COMPLETED BY PARENT/GUARDIAN

1. In what ways do you expect that your son or daughter will benefit from an education at D.C.S.

2. In what ways do you expect that your son or daughter will contribute to the life of the school?

3. What special talents or skills does your child have? Please give examples.

4. Are there any influences at home or at his/her present school that may initially negatively influence your son's/daughter's performance at D.C.S.?

5. Are there any further comments regarding your son/daughter/family information that you wish to make?

6. Do you or your family have any previous connection with D.C.S.?

Parental Agreement:

I have read the attached documents, and agree to support the school regulations. I wish to apply for the admission of my son/daughter.

Signature
(Parent or Guardian)

Destiny Christian School Student Field Trip / Excursions / Sports Events Blanket Authorization Form 2011-2012

I hereby authorize, as parent or guardian, that

_____ enrolled at Destiny School in Grade _____
(Student's full name)

is permitted to undertake field trips/ excursions / sports events during the school year.

Medical Consent:

I consent to any emergency medical treatment that may be required during the trip.

Health Care number _____

Signature of Parent / Guardian: _____

Date: _____

Medical Alert:

Please specify if your child has a health condition which may lead to medical attention:

Bee stings _____ Allergies _____ Other _____

Comments:
