



International Student Application

Student Name: _____

Applying for Grade: _____

In school year: _____

Application Checklist

Note: All “per student” and “per family” items must be received before your application will be reviewed.

Per Student

- ☐ Admissions Policy (pg. 2)
- ☐ Admissions and Refund Policy (pg. 3)
- ☐ Student Profile with one recent photo (pg. 4-5)
- ☐ Standard of Conduct (pg. 6)
- ☐ Student Faith Commitment (pg. 7)
- ☐ Privacy Policy Consent Form (pg. 8)
- ☐ Transcripts for the past two years of education, officially translated into English
(student's school records must demonstrate consistent work habits, good moral character and a positive attitude)
- ☐ Teacher's reference letter – must be written by current teacher with contact and translated
- ☐ ITEP Slate Score (<http://www.itepexam.com/en/for-test-takers/schedule-a-test>)
- ☐ Copy of student's Passport (photo page)
- ☐ Copy of Birth Certificate
- ☐ Copy of Vaccination Record
- ☐ Copy of most recent Study Permit (if available)
- ☐ Non-refundable application fee \$300 per applicant

Per Family

- ☐ Family Profile (pg. 9-10)
- ☐ Pastoral Reference Form (pg. 11)
- ☐ Copy of photo ID of parents

Payment Options

- ☐ Cheque issued to WRCA
- ☐ Cash payment to the school office
- ☐ E-transfer to school account: accounts@wrca.ca
- ☐ Card payment: wrca.ca/payment/

Please note: applications that are withdrawn or rejected are shredded.

White Rock Christian Academy Bank Information for Overseas Deposit

Beneficiary Bank:

Royal Bank of Canada

Address: 1708 152 St
Surrey BC V4A 4N4
Canada

SWIFT Code: ROYCCAT2

Beneficiary Details:

White Rock Christian Academy

2265 – 152nd Street

Surrey, B.C. V4A 4P1

Canada

Institution ID #003

Transit #08580

Account#1222413

CC Code: CC000308580

Required information:

Sender's full name

Sender's complete address (cannot accept PO Box as sender's address)

Sender's account number

If wire is a third party, a complete address information of the wire sender and third party is required (ie.

Foreign exchange company and the person sending the wire)

ADMISSION PROCESSING

Upon receipt of a completed application, White Rock Christian Academy will contact the applicant and arrange a time and date for an interview with the applicant and his/her parent(s). Interviews will be arranged with those applicants who meet the requirements of the International Student Program and who are eligible for placement within the program.

Applicants will be notified whether or not they have been accepted within 2-4 weeks after the interview. Within two weeks of acceptance, all applicable fees will be required before an Official Letter of Acceptance (LOA) is issued.

FEES

- Kindergarten - Grade 12 tuition fee for the school year 2026-2027: \$25,000 (required)
- Junior Kindergarten tuition fee for the school year 2026-2027: \$15,500 (required)
- Minimum suggested family donation: \$2,000
- ISP Transitional Program: \$4,500 (if applicable)
- ELL Program Fee: \$4,500 (if applicable)
- Custodian and Home Stay Service Fee (if applicable)
- \$150 language assessment fee (if applicable)

ENGLISH LANGUAGE LEARNING (ELL) PROGRAM POLICY

WRCA reserves the right to require an international student to enroll in the ELL program based on the initial testing results of an ELL assessment. It is mandatory for a student to enroll in WRCA's ELL program if it is determined by the assessment that their English language level is not approaching the grade level they have enrolled in within WRCA. WRCA will give notification to the student if this is the case.

The ELL student will be required to participate in the ELL program until the ELL teacher, classroom teacher(s) and administration determine that the student's English language ability is approaching his/her grade level. If it is determined that the ELL student has met the expected grade level, the student will graduate to the regular English classes at the start of the following school year.

ADMISSIONS POLICY

I/We have read and understand that, as a requirement of admission, White Rock Christian Academy will determine the level of support that our child/ren will receive in regards to English Language Learning. I/We agree that our child/ren will attend and participate in English Language Learning classes for at least one year from the date of entry into White Rock Christian Academy. I/We recognize that, dependent on the level of support that my/our child/ren will receive, White Rock Christian Academy may assess that an additional fee is required. I/We agree to pay the additional cost of this service and have reviewed the additional fee structure as outlined on the attached ELL note.

Parent's Signature

Date

Parent's Signature

Date

Custodian's Signature

Date

REFUND AND ADMISSIONS POLICY

BEFORE YOU SUBMIT THIS APPLICATION FORM, PLEASE CAREFULLY READ THE FOLLOWING:

In the event that this application is withdrawn, the following refund policy will apply:

1. If the application is withdrawn because the student authorization is not approved by Immigration Canada, and the family notifies WRCA by April 15, 2026, a 90% refund of tuition fees and 100% of ELL & family donation will be refunded (original letter of rejection from the Embassy is required).
2. If the application is withdrawn for any other reason by April 15, 2026, 50% of the tuition, ELL & family donation are refundable.
3. If the application is withdrawn for any reason on or after April 15, 2026, tuition, ELL & family donation are non-refundable.
4. No refund of paid tuition or fees will be granted if the student at any time is found to be in violation of school regulations and is withdrawn from the school.

At White Rock Christian Academy (WRCA), international students are admitted under the International Student Program (ISP), which operates with a separate admissions process, seat allocation, and tuition structure. This offer of admission is conditional upon the student's international status and includes the following requirements:

- International students are required to remain in the International Student Program for a minimum of two years, beginning from the September of their admission date.
- Re-acceptance as a local student is not guaranteed, even if a student later becomes eligible for BC funding/residency.

****Please note:** WRCA International Students are not eligible to change their international status for their grade 12 year at WRCA.

I/We have read and understand the policies and procedures of admission to White Rock Christian Academy.

Parent's Signature

Date

Parent's Signature

Date

Custodian's Signature

Date



STUDENT PROFILE

Student's Name: _____
Legal Last Name Legal First Name Legal Middle Name

Usual Last Name (if different) Usual First Name (if different)

Gender: _____ Date of Birth: _____ Place of Birth: _____
Day/Month/Year City Country

Country of Citizenship: _____

Personal Health Number (Care Card): _____ - _____ - _____

Requested Grade Placement: _____ For _____
Month Year

List chronologically all previous schools attended, including Kindergarten.

NAME OF SCHOOL	Year(s)	Grade(s)

Previous academic achievement has been:

☐ Superior ☐ Above average ☐ Average ☐ Below Average

Has the student ever received any learning assistance, ESL training, special education instruction or counselling?

☐ Yes ☐ No Explain: _____

Has the student ever repeated a grade or been retained? ☐ Yes ☐ No

If yes, state at which grade level and explain reasons: _____

Has the student ever been suspended or expelled? ☐ Yes ☐ No

If yes, state at which grade level and explain reasons: _____

How many days of school did the student miss last year? _____ Explain: _____

Describe any physical, mental or emotional disabilities (heart, hearing impaired, speech impediment, nervous condition, etc.): _____

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident, etc.): _____

MEDICAL INFORMATION

Does your child have any LIFE-THREATENING allergies or illness? ☐ Yes ☐ No

[If Yes, please attach a doctor's note stating the diagnosis and emergency procedures instructions for the school.]

Does your child have any NON-life-threatening allergies or illness? ☐ Yes ☐ No

Please describe: _____

What other medical information would help us understand your child better (speech, hearing, birth complications, heart, vision, development, etc.)? _____

Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc)? _____

Has your child ever received any diagnostic testing? ☐ Yes ☐ No

Dates of testing (if applicable): _____

Is this information available to the school? ☐ Yes ☐ No

Explanation: _____

Do any agencies such as the Child Development Centre, health clinics or speech pathologists have reports on your child? ☐ Yes – Please attach any copies ☐ No

If your child plays an instrument, please let us know what instrument and how long they have played it: _____

If your child plays sport, please let us know what sport: _____

Is there anything else you would like us to know about your child? _____

Please enclose:

- ☐ Copy of Birth Certificate
- ☐ Copy of most recent report card
- ☐ Copy of Immunizations
- ☐ Copy of any relevant reports from specialists (if applicable)

Parent/Guardian Signature: _____ Date: _____



White Rock Christian Academy

STANDARD OF CONDUCT

STUDENT COMMITMENT

As a student of White Rock Christian Academy, I will strive to model Godly character in every aspect of my life. I will remain committed to developing my relationship with God. I will serve God by serving the community in which I live. I will commit myself to:

1. Follow the rules of the school
2. Exhibit diligent work habits
3. Wear my uniform according to the guidelines
4. Show respect for my fellow students, teachers and the authorities of the school
5. Refrain from immoral behaviour

Should I be found negligent in any of the above commitments, I will accept the appropriate discipline. If I do not demonstrate an enthusiastic willingness to follow the above commitments, I will accept that I should withdraw myself from White Rock Christian Academy.

Student's Signature: _____
(Parents to sign for students up to Grade 4)

Date: _____

PARENTAL COMMITMENT

I/we will endeavour to ensure that our child faithfully obeys all the above commitments. Should our child be found negligent in any of the above commitments, I/we will accept the appropriate discipline for our child, or withdraw our child from White Rock Christian Academy. Additionally, I/we commit to the following:

1. I/We agree with WRCA's Core Values and Core Purpose, support the Statement of Faith, and understand and accept the contents of the Parent/Student Handbook.
2. In matters of discipline, my/our child will be subject to the disciplinary action of the staff and administration. I/We understand that I/we will be given the opportunity to discuss disciplinary matters affecting my/our child with the staff, administration and Board of Directors if necessary.
3. I/We understand my/our financial commitment and will immediately notify White Rock Christian Academy if I/we cannot meet our financial commitments to the school. I/We have read and understand the Tuition Payments Policy (Policy No: 3501, available online or by request) and agree to be bound by the terms of this policy.
4. I/We understand that the school reserves the right to dismiss any student who does not respect the standards of the school or cooperate in the education process as per WRCA's Admissions and Enrolment Policy (Policy No: 3103, available online or by request).
5. I/We have, to the best of my knowledge and ability, answered all questions in this application package truthfully and completely.

Date: _____

Signed: _____
Father or Guardian

Mother or Guardian



White Rock Christian Academy

STUDENT FAITH COMMITMENT

We believe that the goals of White Rock Christian Academy can only be realized if home, school and church are truly an extension of one another, thereby creating a united nucleus from which the student can develop the attributes for Godly character. The following questions are designed to help us in our student/family selection for White Rock Christian Academy.

The student's attitude, conversation, and behaviour reflect the character of the institution from which he/she derives his/her training, both home and school. This form reflects the school's attempt to help determine where home, school and church can truly be in partnership.

Name: _____ Date: _____

What church do you attend? _____

How often do you attend church? _____

Do you attend church with your parents? ☐ Yes ☐ No

Do you attend a youth group? ☐ Yes ☐ No Where? _____

Who is your youth group leader? _____

Are you a Christian? ☐ Yes ☐ No

PLEASE ENCLOSE THE FOLLOWING:

GRADES K-5 Parents and student, discuss and briefly respond to the following question on a separate paper: Describe what Jesus Christ means to you.

GRADES 6-12 Student, please answer the following questions on a separate paper:

1. Describe what Jesus Christ means to you.
2. Describe your commitment to being a Christian.
3. Describe your commitment to your church.



White Rock Christian Academy

PRIVACY POLICY CONSENT FORM

Student Name: _____

1) Consent for the Collection, Use and Disclosure of Personal Information

I give consent to White Rock Christian Academy (WRCA) to collect and use the personal information contained within this application form, and otherwise collected by or on behalf of White Rock Christian Academy for the purposes of (1) communicating with the student and/or the student's parent(s) or legal guardian(s) or emergency contacts; (2) processing a student's application, enrolling the student at WRCA, and delivering educational services and co-curricular programs provided by the school authority; (3) enabling the school authority to operate its administrative function, including payment of fees and maintenance of ancillary school programs such as parent voluntary groups and fundraising activities; (4) providing specialized services in areas of health, psychological or legal support, or as adjunct information in delivering educational services that are in the best interests of the student.

I consent to the use and disclosure of the personal information contained within this application form, and otherwise collected by or on behalf of White Rock Christian Academy (1) for those purposes listed above; (2) when authorized by myself; (3) when permitted or required by law; and, (4) when necessary, to suppliers of specialized services, such as a Public Health Authority for vaccination administration or a printing company for the production of the yearbook or other printed materials. (For more detail, see WRCA's Personal Information Privacy Policy for Parents and Students, a copy of which is available upon request.)

White Rock Christian Academy is committed to ensuring that personal information is handled in accordance with all legal requirements. WRCA warrants that all collection, use, and disclosure of personal information is in accordance with the Personal Information Protection Act (PIPA).

Signature of Parent/Guardian: _____ Date: _____

2) Consent for the Use of Photographs and Work Samples

I grant to White Rock Christian Academy, its representatives and employees the right to take photographs and videos of my child. I authorize White Rock Christian Academy to use and publish photographs, video, and work samples of my child in print and/or online, for purposes such as yearbook, school newsletters, social media and website content, and promotional material.

I understand that by not signing this consent, my child will not be included in the yearbook, and will be asked to not participate in any group photo (such as photographs taken of school field trips, co-curricular activities, school assemblies or Grandparents' Day).

Please note that the Personal Information Protection Act (PIPA), allows that personal information can be collected, used, and disclosed without your consent when the information is obtained at "a performance, a sports meet or a similar event (i) at which the individual voluntarily appears, and (ii) that is open to the public" (sections 12, 15, and 18). Therefore, your child(ren)'s presence at, and participation in, public performances such as school concerts and drama productions constitutes your consent to the collection, use and disclosure of their personal information, including photographs.

Signature of Parent/Guardian: _____ Date: _____



White Rock Christian Academy

FAMILY PROFILE

FATHER'S INFORMATION:

Last Name: _____

First Name: _____

Occupation: _____

Employer: _____

Email: _____

Cell: _____

Work Phone: _____

We chat ID: _____

Address (if different from primary address of student below):

MOTHER'S INFORMATION:

Last Name: _____

First Name: _____

Occupation: _____

Employer: _____

Email: _____

Cell: _____

Work Phone: _____

We chat ID: _____

Address (if different from primary address of student below):

Primary address of student(s) in Canada: _____
Street City Province Postal Code

Home phone/primary phone: _____

Marital status of parents: ☐ Married ☐ Divorced ☐ Separated ☐ Widow(er) ☐ Single

(If parents are divorced and remarried, name of current spouse[s]): _____

In Canada the student will live with:

☐ Both parents ☐ Father Only ☐ Mother Only

☐ Custodian: _____
Name

☐ Homestay: _____
Name

Citizenship of parents: _____ Primary language spoken at home: _____

Immigration Intentions:

☐ We are currently in the process of applying for permanent residency in Canada.

☐ We intend to apply for permanent residency in Canada.

☐ We have no intention of applying for permanent residency in Canada.

How many children in your family do you wish to enroll at WRCA?

CHILD(REN)'S NAME(S)	GRADE	BIRTH DATE (DD/MM/YYYY)	GENDER	SCHOOL CURRENTLY ATTENDING

Why do you desire to enroll your child(ren) at White Rock Christian Academy? _____

Church affiliation of parents/guardians: _____
Home ChurchDenomination

What strengths does your family offer to the school? _____

How did you hear about White Rock Christian Academy? _____

Do you know any current WRCA families who can vouch for your character? _____
Name(s)

EMERGENCY CONTACT INFORMATION

Local contacts authorized to pick up student(s) if parents cannot be reached:

NameRelationship to Child(ren)Phone:Cell:

NameRelationship to Child(ren)Phone:Cell:

Out-of-lower-mainland emergency contact (in case of an earthquake):

NameRelationship to Child(ren)Phone:Cell:

Family Doctor: _____ Phone: _____

PARENTAL COMMITMENT

By submitting this application:

I/We agree with the vision of White Rock Christian Academy.

I/We fully understand the tuition refund policy.

I/We fully understand the ELL policy.

I/We commit to pay all tuition and related fees in accordance with WRCA's Tuition Payments Policy.

I have, to the best of my knowledge and ability, answered all questions truthfully and completely.

Mother or Guardian: _____
NameSignature

Father or Guardian: _____
NameSignature

Date: _____



White Rock Christian Academy

PASTORAL REFERENCE FORM

*NOTE: This form MUST be received directly from your pastor. Forms handed in by families will not be accepted.

TO BE FILLED OUT BY THE APPLICANT:

Family Name: _____

Parent(s) Name(s): _____ Phone Number (of parents): _____

Student(s) Name(s): _____ Student(s) Grade(s): _____

TO BE FILLED OUT BY THE PASTOR:

The above-noted parents are seeking to enroll their child(ren) at White Rock Christian Academy. We would appreciate your cooperation in taking a few minutes to answer these questions:

1. How long have you known this family and in what context? _____

2. How well do you know the family? ☐ Very Well ☐ Well ☐ Casually

3. Does the family attend church regularly (at least 3 times per month)? ☐ Yes ☐ No

4. Are the parents active in church ministries? Please specify: _____

5. What is your understanding of the family's relationship with God? _____

6. Would this family be supportive of White Rock Christian Academy's Standard of Conduct? ☐ Yes ☐ No

7. Do you recommend this family's acceptance to White Rock Christian Academy?

☐ Yes ☐ No ☐ With Reservation: _____

Name: _____ Position Held: _____

Signature: _____ Date: _____

Church: _____ Phone Number: _____

Note: This family has applied to White Rock Christian Academy, and their application will not be processed until we have received this reference form. Please return it to WRCA at your earliest convenience.

Mail: White Rock Christian Academy
2265 152 Street
Surrey, BC
V4A 4P1

Fax: 604-531-1727

Email: wrca@wrca.ca

Thank you for your time and cooperation.