

 White Rock Christian Academy
 E.
 wrca@wrca.ca

 2265 152nd Street
 P.
 604 531 9186

 Surrey, BC V4A 4P1
 F.
 604 531 1727

 W.
 wrca.ca

New	Family			
Application				

Student Name:	
Applying for Grade:	
In school year:	

Admissions Process

Step 1:

Submit completed application and pay the application fee (\$50 per student to a maximum of \$100 per family).

Step 2:

Attend an admissions interview which will be scheduled by our Admissions Office after review of your application. Please note that no interview will be scheduled until a complete application has been received (see checklist below).

Step 3:

On receipt of an official acceptance letter, submit the non-refundable enrolment deposit (\$200 per student to a maximum of \$400 per family) which confirms your intention to enroll your student(s) at WRCA and holds the seat(s) in their class(es) for September. This deposit will be applied toward September's tuition.

Application Checklist

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

Per Student

- □ Student Profile (pg. 1-2)
- □ Standard of Conduct (pg.3)
- □ Student Faith Commitment (pg. 4)
- $\hfill\square$ Responses to Student Faith Commitment questions (K-Gr12 only)
- \Box Privacy Policy Consent Form (pg. 5)
- $\hfill\square$ Legal Residency of Parents Form (pg. 6)
- □ Supporting documentation for Legal Residency of Parents Form e.g., Copy of parent's Canadian passport, citizenship card, permanent resident card & landing papers or work permit.
- Copy of student's Canadian birth certificate showing parents' names, OR non-Canadian birth certificate (including English translated copy) AND passport (if not born in Canada)
- Copy of student's immunization record
- 🗌 Copy of student's most recent report card (Grades 1-12) or progress report from pre-school / kindergarten
- $\hfill\square$ Application fee (\$50 per applicant to a maximum of \$100 per family)

Additional Items:

 \square \$100 language assessment fee (if determined necessary upon review of your application)

Per Family

- □ Family Profile (pg. 7-8)
- □ Grandparents' Address Form (pg. 9)
- □ Pastoral Reference Form (pg. 10)



STUDENT PROFILE

Student's Name	ent's Name: Legal Last Name Legal First Name			Legal Middle Name	
	Usual Last Name (if different)	Usual First Name (if diff	erent)		
Gender:	Date of Birth:	Place of Birth:	City	Co	untry
Country of Citiz	enship:				
Personal Health	Number (Care Card):				
Requested Grad	e Placement: For	Month	Year	_	
List chronologic	ally all previous schools attended,	including Kindergarte	en.		
	NAME OF SCHOO	DL		Year(s)	Grade(s)
Previous acader	nic achievement has been:				
Superio	r 🗌 Above average 🗌	Average 🗌 Bel	ow Average		
	ever received any learning assista No Explain:	nce, ESL training, spec	cial education	n instruction o	r counselling?
Has the student	ever repeated a grade or been reta	ined? 🗌 Yes 🗌	No		
If yes, state at w	hich grade level and explain reaso	ns:			
	ever been suspended or expelled? hich grade level and explain reasor		No		
How many days	of school did the student miss last	tyear? Expla	in:		

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 INFO	ORMATION				
Does your child	have any LIFE-THREATENING allergies or illness?	Yes No			
[If Yes, please upload 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:					
	ical information would help us understand your ch on, development, etc.)?	· · · · ·			
Has your child b	een referred to any specialists (allergist, eye doctor	, hearing, pediatrician, etc)?			
Has your child e	ver received any diagnostic testing? 🔲 Yes 🗌	No			
Dates of testing (if applicable):				
Is this information	on available to the school? \Box Yes \Box No				
Explanation:					
your child?	such as the Child Development Centre, health clini				
□ Co □ Co	opy of student's birth certificate (with parents' name opy of student's most recent report card opy of student's immunization record opies of any relevant reports from specialists (if app				
Parent/Guardian	Signature:	Date:			