



Sibling Application

Student Name: _____

Applying for Grade: _____

In school year: _____

Sibling(s) Name(s) and Grade(s):

Admissions Process

Step 1:

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

Step 2:

On receipt of an official acceptance letter, submit the non-refundable enrolment deposit (\$200 per student), 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 the yearly tuition.

Application Checklist

Note: All items must be received before your application will be reviewed.

- Student Profile (pg. 1-2)
- Standard of Conduct (pg.3)
- Student Faith Commitment (pg. 4)
- Responses to Student Faith Commitment questions (K-Gr12 only)
- Privacy Policy Consent Form (pg. 5)
- 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 or work permit.
- Supporting documentation for ordinary residency of BC: a copy of BC Care Card, BC Driver's Licence or BC Services Card
- 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
- Application fee (\$50 per applicant to a maximum of \$100 per family)

*Please note the application fee is non-refundable.

Additional Items:

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



White Rock Christian Academy

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 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: _____

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

If yes, what type of testing? _____

Does your child meet or has met the criteria for a BC Ministry of Education Designation? Yes No

If yes, identify the designation: _____

Does your child currently or in the past ever had an IEP? Yes – Please upload any copies No

Do any agencies such as the Sunny Hill Centre, health clinics or speech pathologists have reports on your child?
 Yes – Please upload any copies No

Is your child currently on any waitlist for agencies such as the Sunny Hill Centre, health clinics, speech pathologists, or a psycho-educational assessment? Yes No

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

Please upload:

- Copy of student's birth certificate (with parents' names)
- Copy of student's most recent report card
- Copy of student's immunization record
- Copies of any relevant reports from specialists (e.g. IEPs, psycho-educational reports, speech)

Parent/Guardian Signature: _____ Date: _____