



# 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 (\$150 per student to a maximum of \$300 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 (\$150 per applicant to a maximum of \$300 per family)

\*Please note the application fee is non-refundable.

### Additional Items:

- \$150 language assessment fee (if determined necessary upon review of your application)



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 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

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 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: \_\_\_\_\_



# 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. Attend church on a weekly basis
2. Follow the rules of the school
3. Exhibit diligent work habits
4. Wear my uniform according to the guidelines
5. Show respect for my fellow students, teachers and the authorities of the school
6. 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parents to sign for students up to Grade 4)

### 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. I/We agree to give one month's notice of withdrawal; or, in lieu of this, one month's tuition fees.
3. 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.
4. 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.
5. 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).
6. 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 UPLOAD A DOCUMENT WITH ANSWERS TO THE FOLLOWING QUESTIONS:

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

GRADES 6-12 Student, please answer the following questions:

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: \_\_\_\_\_



## LEGAL RESIDENCY OF PARENTS—FORM A

(If parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, upload a copy of the court order appointing you as a legal guardian.)

I (parent/legal guardian) am (please select one):

- A Canadian citizen (please upload a copy of passport or citizenship paper/card)
- A permanent resident (upload a copy of permanent resident card)
- A refugee claimant status or refugee
- Admitted to Canada as a temporary resident under an employment authorization (work permit) valid for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- Authorized to carry out official duties as a diplomatic or consular official (i.e., holding a passport that contains a diplomatic Acceptance, a consular Acceptance or an official Acceptance issued by the Chief of Protocol for Global Affairs Canada (GAC) on behalf of the Government of Canada)

I (parent/legal guardian) am a resident of British Columbia (please select one):

Yes: Residency Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_

City Province Postal Code

No: I am not a resident of British Columbia

### Confirming Signature

Parent's/Legal Guardian's Name: \_\_\_\_\_

Parent's/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_