

REQUESTED START DATE: MMM / YYYY

REQUESTED GRADE: _____

Student Information

Legal Name: _____
Legal Last Name Legal First Name Legal Middle Name

Usual Name: _____
(if different from legal) Usual Last Name Usual First Name

Address: _____
Street City Postal Code

Family Phone #: _____ Primary Family Email Address: _____

Date of Birth: MMM / DD / YYYY Male Female

Country of Birth: _____ Country of Citizenship: _____

Primary language spoken at home (specific dialect) _____ First language learned (specific dialect) _____

Additional languages (specific dialect) _____
Reads Speaks Writes Reads Speaks Writes

BC Personal Health Number: _____

Allergy or health condition that school should be aware of: _____

Allergy or health condition has been diagnosed as life threatening: Yes No

Parent's Information

Marital Status: Married Divorced Widowed Separated Single

Custody of student: Both parents Mother Father Other please describe: _____

*NOTE: If legal custody has been granted to one parent, or other listed individual, copies of signed court documents must be included with application.

Mother

Name: _____
Legal Last Name Legal First Name Legal Middle Name Usual First Name (if different from legal)

Cell #: _____ Email Address: _____

Occupation: _____ Employer: _____ Work #: _____

Lives with student: Yes No If no, home address: _____

Father

Name: _____
Legal Last Name Legal First Name Legal Middle Name Usual First Name (if different from legal)

Cell #: _____ Email Address: _____

Occupation: _____ Employer: _____ Work #: _____

Lives with student: Yes No If no, home address: _____

Siblings age 5 or under:

Last Name: _____ First Name: _____ Date of Birth: MMM / DD / YYYY M F

Last Name: _____ First Name: _____ Date of Birth: MMM / DD / YYYY M F

Siblings enrolled in grades K – 8 at other schools: Yes No

Emergency Contacts (other than parents)

Emergency contacts must live locally and be permitted to pick up the student if the parent(s) cannot be reached.
At least one emergency contact is required, and siblings at the School must have the same emergency contact(s).

1. Name: _____
Legal Last Name Legal First Name Usual First Name (if different from legal)
Daytime #: _____ Cell #: _____ Relationship to student: _____

2. Name: _____
Legal Last Name Legal First Name Usual First Name (if different from legal)
Daytime #: _____ Cell #: _____ Relationship to student: _____

3. Name: _____
Legal Last Name Legal First Name Usual First Name (if different from legal)
Daytime #: _____ Cell #: _____ Relationship to student: _____

Doctor: _____
Last Name First Name Phone #: _____

Dentist: _____
Last Name First Name Phone #: _____

Church attended by family: _____ Length of time attending: _____

Not attending any church at present:

I/We verify that all information given on this application is complete and accurate.

Parent/Guardian's Name: _____ Signature: _____
(please print)

Parent/Guardian's Name: _____ Signature: _____
(please print)

Date: MMM / DD / YYYY

HOW DID YOU HEAR ABOUT HOPE LUTHERAN CHRISTIAN SCHOOL?

Friends/Family Website Facebook Other please describe: _____

F O R O F F I C E U S E O N L Y

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Status Parent/Guardian Form	<input type="checkbox"/> Pastoral Letter	<input type="checkbox"/> Report Cards	<input type="checkbox"/> Checklist	<input type="checkbox"/> Application Fee	Date received:
<input type="checkbox"/> Passport	<input type="checkbox"/> Canadian residency docs	<input type="checkbox"/> Spiritual Profile				
<input type="checkbox"/> Perm. Res. Card	<input type="checkbox"/> BC residency docs					

Legal Name: _____

Legal Last Name Legal First Name Legal Middle Name

Usual Name: _____
(if different from legal) Usual Last Name Usual First Name

Date of Birth: MMM / DD / YYYY Requested Grade:

ACADEMIC HISTORY

1. Schools attended (list last 3 schools, starting with most recent). For Kindergarten registration, please include daycare & preschool.

	Grade(s)	Dates Attended		Name of Teacher(s)	Reason for Leaving
		From (mm/yy)	To (mm/yy)		

2. Has your child ever repeated a grade? No Yes
If yes, which grade and why? _____

3.Has your child ever received EAL/ELL assistance		No	Yes
If yes, what grade and how long?			

4. Has your child ever been recommended for, or received support/inclusive education services? No ☐ Yes ☐ *
If yes, what type? _____

5. Has your child ever experienced any form of mental or emotional disorder? No Yes *
If yes, please describe _____

6. Does your child have any physical challenges that affect their learning or mobility? No ☐ Yes ☐ *
If yes, please describe _____

7. Has your child ever been suspended or expelled from another school?		No	Yes
If yes, why? _____			

* Attach copies of professional assessments (i.e. psycho-ed, OT, physio, etc.)

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT COULD ASSIST US IN KNOWING YOUR CHILD AS AN INDIVIDUAL.

By signing this form I declare that I have read and understand the information contained within it, and the information I have provided is correct and accurate. In addition, I give the administration of HLCS permission to contact all former schools, daycares and/or preschools that my child has attended. I acknowledge that failure to fully disclose information may result in the cancellation of my child's registration at the discretion of the Principal.

Parent/Guardian's Name: _____
(please print)

Signature: _____

Parent/Guardian's Name: _____
(please print)

Signature: _____

Date: MMM / DD / YYYY

To be completed and signed by the parents or legal (court-appointed) guardians. If legal guardians, **attach** a copy of the court order appointing you as legal guardians.

Lawfully Admitted into Canada

1. I am (*selection required*):

A Canadian citizen (please **attach** a copy of parent's birth certificate, passport or citizenship paper/card).

A Permanent Resident (please **attach** a copy of parent's landed immigrant status paper or Permanent Resident card).

Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and **attach** a copy of document):

Admission as a refugee or refugee claimant.

Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).

Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).

A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.

Other - document description: _____ (must be cleared with Citizenship and Immigration Canada)

Residency in British Columbia

2. I am a resident of British Columbia (*selection required*):

Yes - Please enter your address below and **attach** a copy of a current utility bill, rental agreement or property tax assessment, which includes the name of one of the signatory(s) below.

Note: If parents are living at separate BC addresses, complete one form per parent.

Address of BC residence: _____

No - Please enter the date you will be moving to British Columbia: _____

Note: updated Form and proof of BC residency will be required at that time

Confirming signatures:

3. Parent/Guardian's Name: _____
(please print)

Signature: _____

Parent/Guardian's Name: _____
(please print)

Signature: _____

Date: MMM / DD / YYYY

PASTOR'S
LETTER OF REFERENCE

Dear Pastor:

This family has applied to register their child(ren) at Hope Lutheran Christian School. We appreciate you providing a pastoral reference, and ask that you complete this form and return it directly to the School. All information provided will be treated confidentially.

Family's Last Name: _____ Parents' First Names: _____

Child(ren)'s Name: _____

Church Name: _____ Phone: _____

Church Address: _____
Street
City
Postal Code

How long have you known this family? _____

Are the parents members of your church? Yes No Other _____

Do the parents attend worship services? Regularly Occasionally Very Seldom

Are the parents active in church activities? Yes No

If yes, please specify.

Where do you see this family's walk with Christ?

Other pertinent information that would help us to know the family better:

Pastor's Name: _____ Signature: _____

Date: MMM / DD / YYYY



This form is for parents/guardians to complete when a Pastor's Letter of Reference is not available.

This form can also be submitted in addition to a Pastor's Letter of Reference.

Family's Last Name: _____ Parents' First Names: _____

Child(ren)'s Name: _____

What is your family background regarding religion?

What is your personal experience with the Christian faith?

Please describe your beliefs regarding Christianity.

What types of personal connections do you have with Christians in your life?

How would you plan to support your child(ren) as they learn about God and Christianity at school?

Parent/Guardian's Name: _____

(please print)

Signature: _____

Parent/Guardian's Name: _____

(please print)

Signature: _____

Date: MMM / DD / YYYY

Listed below are the forms, documents, fee, and information which make up an application package. Application packages must be complete in order to be considered. Please note, submitting an application package does not guarantee an admission interview.

Check all applicable boxes to confirm the required item has been included, and submit this checklist with your application.

Application Form

Student Profile Form

Status of Parents/Guardians Form

Copies of both parents' (if applicable) Canadian citizenship or entry documents (check those that apply):

Canadian Birth Certificate

Permanent Resident Card (front & back)

Canadian Passport (photo & signature pages)

Entry on Canadian Work Permit

- current Work Permit and Letter of Employment must be included

Entry on Canadian Study Permit

- current Study Permit and Confirmation of Enrolment letter from accredited college or university must be included

Copies of both parents' (if applicable) proof of BC residency:

BC Driver's Licence and/or BC Services Card (front & back), AND

Current utility bill, property tax notice, or rental agreement (must be in the name of a least one parent)

Pastor's Letter of Reference Form or Family Spiritual Profile Form

Copies of documents required for student:

Canadian Birth Certificate – long form with parents' names, or

Permanent Resident Card (front & back) or Canadian Passport, if student was born outside of Canada

Passport style photograph of student taken within last 12 months

Pre-Kindergarten Progress Report (for Kindergarten applications for the next school year only)

Report cards for all terms of current & previous school year, plus attendance records and student self-assessments/perspectives

EAL/ELL reports for current and previous school year - if applicable

Professional assessments (i.e. psycho-ed, OT, physio, etc.), IEP, and/or resource or learning assistance reports - if applicable

Payment required:

Application Fee (non-refundable): \$ 50.00 per student - payment by cash or eTransfer only

- For payment by eTransfer: send to accounting@hopelcs.ca
enter student's full name in memo section
send separate email with eTransfer password to accounting@hopelcs.ca

Attended a formal school tour? YES If yes, date _____ NO

Previously submitted an application for this student? YES If yes, which school year? _____ NO