

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

Date of Birth: MMM / DD / YYYY                      Male                      Female

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Address In Home Country: \_\_\_\_\_

Current Address in Canada (if applicable) : \_\_\_\_\_

Primary languages spoken at home (specific dialect) \_\_\_\_\_ First language learned (specific dialect) \_\_\_\_\_

Additional languages (specific dialect): \_\_\_\_\_  
Reads      Speaks      Writes                      Reads      Speaks      Writes

Allergy or health condition that school should be aware of: \_\_\_\_\_

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

Private Medical Insurance Policy #: \_\_\_\_\_ or    BC Health Services Card #: \_\_\_\_\_

NOTE: All students attending Hope Lutheran Christian School must provide proof of medical coverage before starting classes.

### 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: \_\_\_\_\_

Will be living with student in Canada full time:    Yes    No

#### **Father**

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

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Will be living with student in Canada full time:    Yes    No

Siblings studying at other Elementary/ Middle Schools in BC:      Yes      No

Siblings age 5 or under:      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: \_\_\_\_\_

Doctor: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last Name First Name

Church attended by family: \_\_\_\_\_ Length of time attending: \_\_\_\_\_

Not attending any church at present:

Family is using the services of a professional International Agent or Agency?      Yes      No

If yes, this application must be submitted to the School by the Agent, and a completed Agent Agreement must be included.

Note: Agent/Agency must have a valid Canada Revenue Agency Business Number

Parent(s) have applied for Permanent Residency: Yes Date of application: MMM / DD / YYYY No

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

**Parent/Guardian's Name:** \_\_\_\_\_  
(please print)

**Signature:** \_\_\_\_\_

Parent/Guardian's **Name:** \_\_\_\_\_  
(please print)

**Signature:** \_\_\_\_\_

Date: MMM / DD / YYYY

**HOW DID YOU HEAR ABOUT HOPE LUTHERAN CHRISTIAN SCHOOL?**

Friends/Family      Website      Facebook      Other      please describe: \_\_\_\_\_

FOR OFFICE USE ONLY				
General Release Form <input type="checkbox"/>	Birth Certificate <input type="checkbox"/> (with official translation if applicable)	Passport <input type="checkbox"/>	Current Photo <input type="checkbox"/>	Immuz. Record <input type="checkbox"/>
Report Cards/ Pre-K Report <input type="checkbox"/>	Current Study Permit <input type="checkbox"/> (if applicable)	Parent(s) Passport <input type="checkbox"/>	Parent(s) Visitor Permit <input type="checkbox"/> (if applicable)	PLR or FSP <input type="checkbox"/>
Agent Agreement <input type="checkbox"/> (if applicable)	Application Fee <input type="checkbox"/>	NOTES:		

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

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 international application package. Application packages must be complete in order to be considered. Please note, submitting an application package does not guarantee an interview.

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

#### Forms Required:

International Application Form  
Student Profile Form  
Pastor's Letter of Reference Form or Family Spiritual Profile Form  
Pre-Kindergarten Progress Report (only if applying for Kindergarten for current or next school year)  
Agent Agreement (if applicable)

#### Support Documents Required (originals or scanned colour copies):

Birth Certificate (notarized translation required if original not in English)  
Passport  
Passport style photograph of student taken within last 12 months  
BC Health Card or copy of private medical insurance (if student currently in Canada)  
Immunization record (translation required if original not in English)  
Canadian Study Permit (if student currently studying in Canada)  
Report cards for all terms of current & previous school year, plus attendance records  
• Report cards/transcripts must be in English, or translated and signed by the school principal & affixed with the official school seal/stamp  
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)

#### For the parent(s) the student would be living with while studying in Canada:

Passport (photo & signature pages)  
Valid Visitor Permit (if currently in Canada with student)

Payment for the following fee must be included with each application, payable by e-transfer:

\$200 Application Fee (non-refundable)

- send to [accounting@hopelcs.ca](mailto:accounting@hopelcs.ca)  
enter student's full name in memo section  
send separate email with eTransfer password to [accounting@hopelcs.ca](mailto:accounting@hopelcs.ca)

Have you attended a formal school tour? YES If yes, date \_\_\_\_\_ NO

Have you previously submitted an application for this student? YES If yes, which school year? \_\_\_\_\_ NO