

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

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

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

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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?

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What is your personal experience with the Christian faith?

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Please describe your beliefs regarding Christianity.

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

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

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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): \$100.00 per student - payment by cash or eTransfer only

- For payment by eTransfer: 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)

**Attended a formal school tour?** YES If yes, date \_\_\_\_\_ NO

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