

***NOTE: Your application will be returned to you if you have not included the following:**

- a copy of your child's most recent report card and final report card for the last school year
- Pastoral reference form
- the child's ORIGINAL birth certificate and immigration documentation - we will copy it for you.
(If you are mailing this application, please send a photocopy of birth certificate and bring original to your interview.)
- the signed Parent/Student Covenants
- a cheque for \$100 per family (**non-refundable application fee, deposited upon receipt**)
- a cheque for \$75.00 per student (\$150.00/family) for CTBS testing for students entering grade 2-12 (**non-refundable testing fee, deposited upon receipt**)

STUDENT INFORMATION

(Please Print Clearly)

Alberta Student Number (if known): _____ School: Heritage Christian Academy

Resident School Board (if other than Palliser): _____ Requested Date of Entry: _____

Legal Name: _____
First Middle Last

Preferred first name (if different): _____ Preferred last name (if different): _____

Birthdate: _____ Gender: Male Female Grade Applying For: _____
YYYY/MM/DD

NOTE: A Vital Statistics Document must be presented to the school **with this application** to verify the student's legal name, citizenship and birth date. Vital Statistics Documents include: Canadian Birth Certificate, Canadian Citizenship Certificate, Canadian Adoption Certificate, Canadian Marriage Certificate, Passport, Visa, or Permanent or Landed Immigrant/Residence Document.

Mailing address: _____
(House and Street or Box Number) (City/Town) (Province) (Postal Code)

911 Emergency Services Address (if different): _____

If no 911 address, provide Legal Land Description: _____ Home Phone: _____
Qtr. Sect. Twnshp Range

Last school attended: _____ Location (City/Town/Province): _____

School jurisdiction: _____ Last grade completed: _____

MEDICAL INFORMATION

Medical information (allergies, medical conditions, etc.): _____

If school staff will be required to administer medication, please request the appropriate form from the school office.

Alberta Personal Health Card #: _____ You are asked to voluntarily provide this information to assist Alberta Health Services correctly identify the student during immunization programs.

PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

Contact 2 (parent/guardian)

First & Last Names: _____

First & Last Names: _____

Relationship to student: _____

Relationship to student: _____

Address: _____

Address: _____

Daytime Phone: _____

Daytime Phone: _____

Cell Phone: _____

Cell Phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional):

To receive school newsletters and other school correspondence by email, please provide an address (optional):

Email address: _____

E-mail address: _____

Student is living with (check all that apply) Contact 1 Contact 2 Other _____

If school staff are required to enforce a custody or restraining order, a copy MUST be submitted to the school.

EMERGENCY CONTACT INFORMATION

First & Last Names: _____

Relationship to student: _____

Address: _____

Daytime Phone: _____

Cell phone: _____

In the event of Contact 1 and Contact 2 being unavailable, please provide an emergency contact person. Please ensure the contact person you provide is advised that their name has been provided for this purpose.

FRANCOPHONE ELIGIBILITY

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms:

Citizens of Canada whose first language learned and still understood is French, or who have received their primary school instruction in Canada in French (this means instruction in a French only school, not a French immersion program) have the right to have their children receive primary and secondary school instruction in French.

Citizens of Canada of whom any child has received or is receiving primary or secondary school instruction in French in Canada have a right to have all their children receive primary and secondary instruction in the same language.

According to this criteria, are you eligible to have your child educated in French? Yes No

If yes, do you wish to exercise your right to have your child educated in French? Yes No

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program, offered by a Francophone Regional authority. Contact the school office for a listing of Francophone authorities.

FIRST NATIONS/METIS/INUIT

Indian Affairs Information Band: _____ Treaty: _____

If you wish to declare that you are an Aboriginal person, please specify:

Status Indian/First Nations Non-Status Indian/First Nations Metis Inuit

Living on Reserve: YES No

Alberta Education is collecting this personal information pursuant to Section 33(3) of the Freedom of Information and Protection of Privacy Act, as the information relates directly to and is necessary to meet its mandate to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. For further information, or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 9th Floor, Commerce Place, 10155 102 Street, Edmonton, AB T5J 4L5, Phone: 780-427-5151.

CAR POOL AND SIBLING INFORMATION

I would be willing to place our name on a car-pooling list for our area (please check one): Yes No

Names of Brothers and Sisters Ages School Attending or Applying for enrolment at Heritage?

_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you accept placement for only one child if all could not be accepted? Yes No

STUDENT HISTORY

Please answer the following questions as accurately and completely as possible, giving explanations where necessary. Note that withholding or providing false information is grounds for asking your children to immediately leave the school and any monies paid will be forfeited.

1. Has your child ever repeated a grade? _____ If so, which one and why? _____

2. Has your child been recommended for or received help for any special needs? (E.g. Special Ed., learning disability, Hyperactivity, Attention Deficit Disorder, remedial/resource instruction or other) _____

Has received: Psychological Assessment Speech Therapy Assessment IPP

3. Has your child ever had any mental, emotional, or physical disorders? _____

4. Does your child have any physical handicaps/limitations that may affect his/her participation in physical activity? _____

5. Has your child ever been asked to leave or had any discipline problems in another school? _____

6. Has your child applied for admission to Heritage Christian Academy in the past? Yes No

NOTICE OF RELIGIOUS INSTRUCTION

Pursuant to section 11.1(2) of the Alberta Human Rights Act, we are required to inform you that students attending this alternative school within Palliser Regional Schools will receive religious (Bible based, Christian education) instruction, exercises and instructional materials. Religion (Bible based and Christian world view teaching) permeates the school program. The Palliser Board of Trustees supports faith-based alternative programs within Palliser Regional Schools. Should you have questions, please discuss them with your school Principal.

CERTIFICATION

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief. I have read and agree with Heritage's Statement of Faith and agree to have placement testing performed at Heritage and to have my child(ren) enrolled in Heritage Christian Academy. I also certify that I have received and read the brochure explaining the implications of the Freedom of Information and Protection of Privacy (FOIPP) Act, and I am aware of the uses that will be made of personal information collected herein:

Father's Signature

Mother's Signature

Date

Date

**The following page should be
completed one per family.**

PARENT INFORMATION

1. Why do you wish to enroll your child(ren) at Heritage Christian Academy? _____

2. Where did you hear about Heritage? _____

3. Church that your family currently attends: _____

Years Attending: _____ How regularly do you attend? Weekly Monthly Occasionally

Address: _____

Pastor: _____ Church Phone No: _____

4. Please list any previous church affiliations.

Church Name	City	Years Attended

5. Please list present and previous church involvement. _____

6. What does it mean to be a Christian? _____

7. How and when did you become a Christian? _____

CHARACTER REFERENCES

CHURCH
Name: _____

Phone: (home) _____

(work) _____

Relationship: _____

Years known: _____

WORK OR VOLUNTEER ORGANIZATION
Name: _____

Phone: (home) _____

(work) _____

Relationship: _____

Years known: _____

*****In addition we require a completed reference form from your Pastor before your application will be processed.*****



“Equipping students for life through Quality Christian Education that inspires commitment to Jesus Christ, and excellence in academics, moral character and service to others.”