

ENROLLMENT APPLICATION



Cariboo Adventist Academy

Developing Children Mentally, Spiritually and Physically

Enrollment

Family Name: _____

Date of application: _____

Office Use Only

Accepted by Admissions Committee

Accepted by Finance Office

New Student

Returning Student

Date received: _____

Application: Accepted Denied

Start date: _____

Grade: _____



Cariboo Adventist Academy

1405 South Lakeside Drive, Williams Lake BC V2G 3A7
Phone: (250) 392-4741 Fax: (250) 392-6583
Email: office@caa-bc.ca Web: <http://www.caawl.ca>

APPLICATION PROCEDURES AND INFORMATION

Returning students:

- Student registration form
- Updated medical form
- Social media consent form
- Updated student pick-up permission form (IF there are changes from the previous year)
- Signed copy of Parent Code of Conduct Agreement
- Signed copy of Freedom of Information Consent Form

New Students:

Fully completed student registration packet inclusive of the following items:

ID:

- Copy of Student's Birth Certificate OR ID page of passport
- Copy of the student's health services card

Academic Transcript or Report Cards:

- Copies of the most recent school reports (Grades 1 - 12 only)

Medical forms:

- Medical information - Please disclose all medical information on this page. Incomplete information will delay acceptance into the school.

Parent Checklist

- Parent/Guardian Admission to Canada and Residency (Form A)
- Signed copy of Parent Code of Conduct Agreement
- Signed copy of Freedom of Information Consent Form
- Copy of a proof of residence (utility bill) - required by law
- Student Pick- Up permission form
- Social Media disclosure form

Step 1 - Submit the fully completed above forms to the CAA office, digitally or in person

Step 2 - Personal interview with the principal - To set up an interview, contact the office at office@caa-bc.ca

Step 3 - The CAA office will notify the admission decision to the parent/guardian

Step 4 - Meet with the school treasurer to make payment arrangements

Please note: Kindergarten students are required to be five years old on or before December 31st, and have additional documentation requirements.

Parents will be asked to provide extra documentation related to any special needs of students.

Any misleading or inaccurate information, including omission of documented pertinent information, or a failure to fully disclose a student's academic/behaviour history, may nullify a student's acceptance enrollment in the school.



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RETURNING STUDENT REGISTRATION FORM

Surname: _____

First Name: _____

Middle Name: _____

Preferred Name: _____

Gender: Female Male

* If any of your information has changed, please fill out this section below, if not, proceed to next section.

Street Address: _____
Mailing Address: _____
City: _____
Province: _____ Postal Code: _____
Home Phone # () _____

Student lives with: () Both Parents () Mother () Father () Guardian () Other _____

Are there any custodial or legal arrangements of which the school should be aware? () Yes () No
A copy of court/custodial documents may be required.

Parent/Guardian Contact Information

Father Surname: _____

Father Given Name: _____

Street Address: _____

Mailing Address: _____

City: _____

Province: _____ Postal Code: _____

Custody: Yes No

Employer: _____

Work Phone # () _____

Cell Phone # () _____

Email Address: _____

Grade Applying for: _____

Birth Date: ____/____/____ (dd/mm/yyyy)

Birthplace: _____

The student is:

A Canadian citizen A landed immigrant

Status Indian/Metis On a student visa

Photocopy of Birth Certificate: Yes No

Last School Attended: _____

Field Trip Permission: Yes No

Religion: _____

Church currently attending: _____

If SDA: () Father baptized () Mother baptized

Parent/Guardian

Did you attend CAA as a student? () Yes () No

Did you graduate from CAA? () Yes () No If yes, what year did you graduate? _____

Medical Information

Doctor: _____ Phone Number: () _____

BC Care Card #: _____ Call Ambulance: () Yes () No

Use this space to provide any information on serious allergies, prescription medication, life-threatening, medical conditions, or any other information that you feel we should have. The child has required medication, it should be provided to the school office labeled.

Emergency Contact (other than parents, if parents are not available)

Name: _____ Relationship: _____

Home Phone # () _____ Cell Phone # () _____

Street Address: _____ City: _____

Has your child had a referral or received any kind of testing/diagnosis for a behavioural/learning/psychiatric/physical disorder or conditions? (i.e.: learning disability, ADHD, autism, FASD, anxiety, gifted...) Please give details.

Will your child be able to participate fully in Physical Education? If no, please give details.

Parent's Pledge: I agree to work with the staff of CAA to uphold the policies in the Student Handbook.

Parent Signature

Parent Signature

Student's Pledge: I agree to abide by the policies of the CAA Student Handbook.

Student's Signature

Office Use Only:

Date Application Received: _____

Financial Agreement: _____

Birth Certificate: _____

APPENDIX M TRIP MEDICAL

MEDICAL INFORMATION FORM (TRIPS)

Student Name _____

Parents, fill out **all** sections of this form, date and sign.

Medical Plan # _____

Full Address _____

Health Statement

Please list **any ailments, disabilities or problems involving your child which might affect his/her participation.**

- asthma bronchitis epilepsy nightmares
 bed wetting ear infection heart disease sinus sleepwalking

allergies – explain _____

other – explain _____

Any medication required by the student which is to be administered by the trip supervisor must be provided to the supervisor and clearly labeled with the student's name, the name of the medication, what it is to be used for, how it is to be given, the quantity to be given and the times it is to be given. Only the amount of medication required for the duration of the trip should be provided.

Name of medicine	What it is to be used for	How it is to be given	Quantity to be given

By signing below, I am requesting that the trip supervisors administer these medications as directed above.

Parent signature

Date

IN CASE OF EMERGENCY

I hereby request the physician selected by the trip supervisor to provide treatment for my child named above.

Signature – Father

Date

Signature – Mother

Date

IN CASE PARENTS CANNOT BE REACHED IN AN EMERGENCY – CONTACT INFORMATION

Full Name of Contact	Ph# - home	Ph# - work	Ph# - cell
Relationship to Family			
Name of Family Doctor			Ph #



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SOCIAL MEDIA CONSENT FORM

Dear Parent(s)/Guardian(s):

In order to maintain a safe school environment, CAA will not use student names in any social media post where the student's face is identifiable. We will be cautious about the types of data posted to social media, so that sensitive data will be protected.

We would like to ask that parents and families avoid tagging their children in the photos we post on social media. Tagging removes privacy and gives people outside our school family access to names, which could lead to identification. We would like you to fill out the form at the bottom and return it to the school. If you tag a photo your privileges to view the site will be subject to removal. If you have tagged photos previously, we are asking you to refrain from this practice.

Sincerely,
Adam Parady
Principal, Cariboo Adventist Academy
principal@caawl.ca

Student Name: _____ **Grade:** _____

Please check your preference and return to the school.

- I consent to pictures of my children/child being uploaded to Facebook or the school's website.
 - I do not consent to pictures of my child(ren) being uploaded to Facebook or the school's website.
 - I have a specific request regarding pictures of my children/child indicated below:
-

Parent/Guardian Signature: _____



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Student Pick-Up Permissions

My child, _____, grade _____, has permission to leave Cariboo Adventist Academy under the supervision of the following individuals:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

I will notify the school office in writing to inform them of any changes to the list of approved individuals.

Parent/Guardian info:

Name: _____

Date: _____

Signature: _____



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Parent Code of Conduct Agreement

The environment which CAA seeks to create is one which reflects the Christians values and principles upon which the school is founded and operated. These include respect, kindness, regard for the well-being of others, truthfulness and patience. As Christians, we believe that each person is a unique creation and child of God, and strive to build each other up, avoiding language or behavior such as gossip, spreading rumours, divisiveness, accusations, laying blame, spreading discontent, and discrimination in any form. Parents are required to approach parent/teacher meetings in a professional manner, and are asked to get both sides of the story when there is a matter of concern.

Parents are asked to sign in as a guest at the office if they enter the school property during school hours, aside from events open to the public such as a tournament or concert. Parents are asked not to enter a class in session without prior permission from the administration and the teacher of the classroom. Preventing unauthorized entries into the classroom helps protect your child, and is also an obligation of provincial law.

Student or parents who choose not to abide by these principles, as evidenced by their behavior and interactions with others students, parents, CAA teachers and staff, may forfeit the privilege of enrollment.

As a parent/guardian of a student enrolled at Cariboo Adventist Academy, I agree to the following Code of Conduct.

- I agree to conduct myself according to Christian values and principles when interacting with administration, teachers and staff, other parents, and students.
- I agree to support the rules and regulations of the school and work cooperatively with teachers and administration so that CAA can provide a positive Christian learning.
- In the case of a conflict or difference of opinion with teachers or administration, I agree to follow the Parent/Teacher Conflict Resolution Process contained in the CAA Handbook.

Parent / Guardian Name

Signature

____/____/____
Date

Parent / Guardian Name

Signature

____/____/____
Date



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Freedom of Information Consent Form

1. I consent to having Cariboo Adventist Academy collect personal information that may include student identification, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioral, academic and health information, most recent report card, emergency contact name, and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Cariboo Adventist Academy (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Cariboo Adventist School (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in the BC Conference and Cariboo Adventist Academy Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information which may be stored on servers outside British Columbia, by and to agents, contractors and service providers of Cariboo Adventist Academy.

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for Cariboo Adventist Academy is the Principal and may be reached at 250-392-4741.

Parent's Signature: _____ Date: ____/____/____

2. I consent to have photographs and work samples of my child(ren) used by Cariboo Adventist Academy in the Yearbook, newsletters and other promotional material for the school or the BC Conference Office of Education.

Parent's Signature: _____ Date: ____/____/____

3. The school may prepare a family phone list (carpool list, class list, etc.) for a family phone directory. If you DO NOT want your phone number and address included, please indicate: No

Parent's Signature: _____ Date: ____/____/____

4. Cariboo Adventist Academy acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy and student personal information.

Parent's Signature: _____ Date: ____/____/____

*All information collected on this form will be used solely by CAA in accordance with the Personal Information Protection Act.