

RE-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>

RE-APPLICATION PROCEDURES AND INFORMATION

All applicants must complete the following steps for admissions:

Step 1 – Submit the fully completed forms below to the CAA office, digitally or in person.

Step 2 – Meet with the school treasurer to make payment arrangements.

Step 3 – Family will be notified if there are any concerns.

Step 4 – If student is in grade 10-12, an interview will be set up to select courses for next school year, usually at the end of August.

Required forms for both returning and new student applications:

- MyEducationBC Student Information Verification form
- Updated trip medical form
- Social media consent form
- Updated student pick-up permission form (If there are changes from the previous year)
- Parent Commitment Form
- Freedom of Information Consent Form
- Proof of residency

Please note:

- Any misleading or inaccurate information, including omission of documented pertinent information, may nullify a student's acceptance enrollment in the school.
- All information collected in the application process will be used solely by CAA in accordance with the Personal Information Protection Act.
- All applications received by the early bird deadline will be processed no later than April 30; subsequent applications will be processed within 30 days of receiving all documentation.
- International students may have additional documentation requirements.

APPENDIX M TRIP MEDICAL

MEDICAL INFORMATION FORM (TRIPS)

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

Student Name _____

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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MEDIA CONSENT FORM

Dear Parent(s)/Guardian(s):

For the purpose of student safety, CAA commits to never publishing student names and student photos together in the same post. We ask you to assist us in this matter, by not commenting or tagging the names of children or families on school social media posts that feature their photo.

Also, for school safety, we would like to state that CAA posts that feature identifiable photos of students or names of students should not be shared to public social media pages not affiliated with the CAA community.

- People may continue to share posts to their own personal social media pages (e.g. sharing a photo of your own child/family to your own personal page).
- People may continue to share all CAA posts to pages directly related to CAA (e.g. the superintendent's office, CAA alumni pages).
- People may share CAA posts that are intended for the public to any social media page (e.g. advertising material, fundraising material).
- People may not share photos that feature clearly identifiable children to unaffiliated public social media pages.

To ensure that we have your consent and understanding, please sign the form attached below.

Please check your preference and return to the school.

Select One:

I consent to pictures of my child(ren) being uploaded to social media (e.g. Instagram, Facebook), advertising material, or the school's website.

I do not consent to pictures of my child(ren) being uploaded to social media or the school's website.

Select One:

I consent to pictures of my child(ren) being used for local school publications (e.g. Herald, class newsletter).

I do not consent to pictures of my child(ren) being used for local school publications.

Check to Indicate Acceptance:

I consent to pictures of my child(ren) being used in the school yearbook.

I agree to not to tag or name CAA students on the school's social media pages, or share CAA social media posts that contain identifiable student photos or information to public social media pages (as described above).

I have a specific request regarding pictures of my children/child indicated here:

Student Name: _____ **Grade:** _____

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 Commitment

As a parent/guardian of a student enrolled at Cariboo Adventist Academy, I understand that admission is subject to formal acceptance at the discretion of CAA and declare that:

- I will support CAA's philosophy, mission, and values.
- I have read the student handbook and I will support the policies of the school and work cooperatively with teachers and administration to ensure that all students can receive a positive, high quality Christian education. [A current copy is available on the school website.]
- I support the school in maintaining a high standard of Christian conduct for its students.
- I understand that enrollment at CAA is conditional upon my child adhering to the Student Code of Conduct and will support the school in disciplining my child if they violate the Student Code of Conduct.
- I will be responsible for being aware of information that is sent home via email, paper handouts, MyEducation BC, and/or announcements written in my child's agenda, as appropriate for my child's grade level. If I do not understand information, I will get clarification.
- I will communicate regularly with my child's teachers and make every effort to attend functions that require parent participation.
- I will interact with administration, teachers, staff, other parents, and students according to Christian values and principles.
- I will practice the principle found in Matthew 18 regarding conflict resolution [attempt to resolve a conflict privately with an individual before involving other people, refuse to engage in gossip] and to follow the Parent/Teacher conflict resolution process detailed in the CAA student handbook.
- I will be responsible for the cost of repair/replacement of any school equipment/property that may become damaged by my child due to negligence or poor behaviour choices.
- I will sign in as a guest at the office if I enter school property during school hours, aside from events that are open to the public such as a tournament or concert.
- I will not enter a class in session without prior permission from the administration and the teacher of the classroom, in accordance with provincial law. [Preventing unauthorized entries into the classroom helps protect your child.]
- I have disclosed full and accurate information about my child(ren). I understand that any misleading or inaccurate information may render this application null and void, with enrollments resulting from this application being terminated.

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.
2. 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 or served 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.

3. 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.
4. 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
5. 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.

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

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

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