

# ENROLLMENT APPLICATION



## Cariboo Adventist Academy

*Developing Children Mentally, Spiritually and Physically*

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

### Enrollment

Student 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: \_\_\_\_\_



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### **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** – Once the completed application has been submitted, the office will contact you to set up a personal interview with the principal or designate.

**Step 3** – CAA will notify the parent/guardian of the admission decision.

**Step 4** – Meet with the school treasurer to make payment arrangements, and pay the \$100 registration fee for new students.

#### **Required forms for both returning and new student applications:**

- ☐ Student registration 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

#### **Required forms for new student applications:**

- ☐ Residency declaration
- ☐ Copy of Student's Birth Certificate OR ID page of passport
- ☐ Copy of the student's health services card
- ☐ Copies of the most recent school report cards (Grades 1 - 12 only)
- ☐ Copies of any documents related to special health/learning needs (professional assessments, IEPs, etc.)
- ☐ Parent/Guardian Admission to Canada and Residency (Form A) [if applicable]

#### **Please note:**

- Kindergarten students are required to be five years old on or before December 31<sup>st</sup>, and have additional documentation requirements outside of this application package.
- 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.
- All information collected in the application process will be used solely by CAA in accordance with the Personal Information Protection Act.
- All applications for the current school year will be processed within 30 days of receiving all documentation.
- Early applications for the following school year will be processed within 30 days of the early bird deadline; subsequent applications will be processed within 30 days of receiving all documentation.
- International students may have additional documentation requirements.



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### NEW STUDENT REGISTRATION FORM

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: Female ☐ Male ☐

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_

Student Lives With: \_\_\_\_\_

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: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Canadian Citizen ☐ Landed Immigrant ☐

Student Visa ☐

Status Indian/Métis: Yes ☐ No ☐

Last School Attended: \_\_\_\_\_

Religion: \_\_\_\_\_

Church Currently Attending: \_\_\_\_\_

If Seventh-day Adventist: Student Baptized ☐

Father Baptized ☐ Mother Baptized ☐

Mother Surname: \_\_\_\_\_

Mother Given Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Custody: Yes ☐ No ☐

Employer: \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ 3

**Alumni Information**

Did one or both parents attend CAA as a student? ( ) Yes ( ) No

Did one or both parents graduate from CAA? ( ) Yes ( ) No If yes, what year(s) did you graduate? \_\_\_\_\_

**Emergency Contact** (other than parents, to be used if parents are not available)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

**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.

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

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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.

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**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.

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Student's Signature

## New Student Application

Please give a brief history of your child's education including any disciplinary actions (previous school, homeschooling, etc.):

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Are there any physical or medical conditions that will affect learning or behavior? If so, describe:

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Is your child presently seeing (or has seen in the past) any of the following community or resource persons?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please indicate.

- \_\_\_\_\_ Speech Therapist
- \_\_\_\_\_ Child/School Psychologist
- \_\_\_\_\_ Private Tutor
- \_\_\_\_\_ Crisis and counseling Centre
- \_\_\_\_\_ Psychiatrist
- \_\_\_\_\_ Attention Deficit Hyperactivity Disorder Specialist
- \_\_\_\_\_ English as Second Language Teacher
- \_\_\_\_\_ Hearing Therapist
- \_\_\_\_\_ Learning Assistance Teacher
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Do you consider yourself a Christian family? Yes \_\_\_\_ No \_\_\_\_ If yes, please describe how Christianity influences your family. (Church attendance, involvement in religious activities, lifestyle, etc.) If no, please indicate your feelings regarding your child being taught Christian lifestyle and beliefs from a Seventh-day Adventist perspective.

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Please explain why you wish to enroll your child at Cariboo Adventist Academy.

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If your child is accepted into CAA, what do you expect from the school?

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I hereby certify that all information I have provided is accurate and complete to the best of my knowledge and I give permission for Cariboo Adventist Academy to make inquiries for reference purposes as a part of this application process in accordance with the CAA Admission Policy and Enrolment procedures.

I recognize that providing incomplete or misleading information may jeopardize my child's enrollment at CAA.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Office Use Only:**

Date Application Received: \_\_\_\_\_  
Financial Agreement: \_\_\_\_\_



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Birth Certificate: \_\_\_\_\_

### Residency Declaration

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

#### I. Lawfully Admitted into Canada

I am (please ✓ one):

- ☐ A Canadian citizen (please attach a copy of parent's birth certificate 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 the 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 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):

#### II. Residency in British Columbia

I am a resident of British Columbia (please ✓ one)

- ☐ Yes, Residency Address: \_\_\_\_\_  
(Attach a recent copy of a utility bill, mortgage document, rental agreement or tax assessment, etc.)
- ☐ No, I am not a resident of British Columbia.

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For Office Use Only

Proof of Residency: \_\_\_\_\_ (Initial)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# 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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### 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.

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#### 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:

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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 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.*

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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