

# 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](mailto:office@caa-bc.ca) Web: <http://www.caawl.ca>

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### APPLICATION PROCEDURES AND INFORMATION

#### Returning students:

- ☐ Student registration form
- ☐ Updated medical form
- ☐ Medical information form supplement
- ☐ 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
- ☐ A 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 email the principal at [principal@caawl.ca](mailto:principal@caawl.ca)

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

**Step 4** - Meet with the Finance office to make payment arrangements

**Please note: Kindergarten students are required to be five years old on or before December 31st.**

**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, may nullify a student's acceptance enrollment in the school.**



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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 # ( ) \_\_\_\_\_

Student lives with: ( ) Both Parents ( ) Mother

( ) Father ( ) Guardian ( ) Other \_\_\_\_\_

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: \_\_\_\_\_

If SDA: ( ) Father baptized ( ) Mother baptized

Church currently attending: \_\_\_\_\_

Are there any custodial or legal arrangements of which the school should be aware? ( ) Yes ( ) No

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: \_\_\_\_\_

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

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

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

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

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

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

Custody: Yes ☐ No ☐

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

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

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

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

**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. If your child has required medication, it should be provided to the school office labeled.

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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.

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Will your child be able to participate fully in Physical Education? If no, 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/Parent Handbook.

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**Parent's Signature**

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

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**Student's Signature****Office Use Only:**

Date Application Received: \_\_\_\_\_

Financial Agreement: \_\_\_\_\_

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



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### 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.

(Lawfully Admitted into Canada)

1. 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):

(Residency in British Columbia)

2. 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.

3. Parent/Legal Guardian's name: \_\_\_\_\_

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

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

#### For Office Use Only

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

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

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



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Student's Name: \_\_\_\_\_ Grade upon admission: \_\_\_\_\_

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? No \_\_\_\_\_ Yes \_\_\_\_\_ 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) \_\_\_\_\_

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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Do you consider yourself a Christian family? No \_\_\_\_ Yes \_\_\_\_ 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 attach a copy of the student's most recent report card. The application cannot be processed until the report card is brought in.*

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 Enrollment procedures.

I recognize that providing incomplete or misleading information will be considered just cause to end my child's enrollment at CAA.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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 # 



# **APPENDIX M TRIP MEDICAL SUPPLEMENT**

## **MEDICAL INFORMATION FORM SUPPLEMENT**

- The *Medical Information Form* is to be filled out at the beginning of each school year.
- The *Medical Information Form Supplement* can be used thereafter.

Student Name \_\_\_\_\_

Trip \_\_\_\_\_

Date of trip \_\_\_\_\_

- ☐ I confirm that the information given on the *Medical Information Form* at the beginning of this school year is still correct and up-to-date.
- ☐ The medical information for my child has changed and I have updated his/her *Medical Information Form*.

Name of Parent/Guardian \_\_\_\_\_  
*please print*

\_\_\_\_\_  
*Parent signature*

\_\_\_\_\_  
*Date*

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### SOCIAL MEDIA CONSENT FORM

Dear Parent(s)/Guardian(s):

I want to assure you that student's names will not be put on social media to help maintain privacy and safety. We are asking that no pictures be tagged. 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 stop this practice.

Sincerely,

Mrs. Deepa Moore, M. Ed.

Principal, Cariboo Adventist Academy

[principal@caawl.ca](mailto: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 children/child being uploaded to Facebook or the school's website.
- ☐ I have a specific request regarding pictures of my children/child. (Indicated on the back of this form)

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. \_\_\_\_\_

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 Christian 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.

Student or parents who choose not to abide by these principles, as evidenced by their behavior and interactions with other 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.