

Society Office

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Application for Enrolment Edmonton Christian Schools: 2018-2019

Responding to God's grace, Edmonton Christian Schools challenge students, through Christ-centred education, to actively play their role in God's story

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE ENROLMENT FORM

This enrolment form is a legal document. It must be accurate and complete.

Before a student can be registered in Edmonton Christian Schools (ECS), an application for enrolment must be completed in its entirety, signed by the parent or guardian and accepted by the Edmonton Society for Christian Education (ESCE). This application may also be submitted online at www.edmchristian.org.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP)

The personal information collected on this form is part of the enrolment process. All personal information collected during the enrolment process will be used to determine if the ECS educational program will be in the best interests of your children and ensure a safe and secure school environment.

We believe the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are activities where personal information may be used (subject to your approval – see questions 7-9 on page 3):

- 1) Publishing your children's work and/or photographs of your children/family taken during public or school events in school publications, including the ECS website (www.edmchristian.org).
- 2) Traveling on ECS school buses for school related functions or as a casual rider at your request.
- 3) Publishing addresses and phone numbers in our annual directory.

If you have any questions or concerns regarding the collection and the intended purposes of this information, please contact the Edmonton Society for Christian Education at 780-476-6281.

Parent (or Legal Guardian) Information

First Parent/Guardian		Second Parent/Guardian	
Name:		Name:	
Address:		Address (if different):	
City, Province, Postal Code:		City, Province, Postal Code:	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
E-Mail Address:		E-Mail Address:	
Church Presently Attending:		Church Presently Attending:	

Student Information

(Please complete a second form if you are applying for more than 4 children.)

Student 1		
First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date & Year: <small>(Please write name of month)</small>	<input type="checkbox"/> Male: <input type="checkbox"/> Female:
Grade applied for:	School Preference: <input type="checkbox"/> Northeast (Grades K 9) 5940 159 avenue	<input type="checkbox"/> West/McQueen (Grades K 9) 14345 McQueen Road
	<input type="checkbox"/> Senior High (Grades 10 - 12) 14304 109 avenue	
School year applied for: 2018-19	Busing Needed? <input type="checkbox"/> Yes. Please email the forms to me	
Student 2		
First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date & Year: <small>(Please write name of month)</small>	<input type="checkbox"/> Male: <input type="checkbox"/> Female:
Grade applied for:	School Preference: <input type="checkbox"/> Northeast (Grades K 9)	<input type="checkbox"/> West/McQueen (Grades K 9)
	<input type="checkbox"/> Senior High (Grades 10 - 12)	
School year applied for: 2018-19	Busing Needed?: <input type="checkbox"/> Yes. Please email the forms to me	
Student 3		
First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date & Year: <small>(Please write name of month)</small>	<input type="checkbox"/> Male: <input type="checkbox"/> Female:
Grade applied for:	School Preference: <input type="checkbox"/> Northeast (Grades K 9)	<input type="checkbox"/> West/McQueen (Grades K 9)
	<input type="checkbox"/> Senior High (Grades 10 - 12)	
School year applied for: 2018-19	Busing Needed?: <input type="checkbox"/> Yes. Please email the forms to me	
Student 4		
First Name:	Middle Name:	Last Name:
Address (If different):	Birth Date and Year: <small>(Please write name of month)</small>	<input type="checkbox"/> Male: <input type="checkbox"/> Female:
Grade applied for:	School Preference: <input type="checkbox"/> Northeast (Grades K 9)	<input type="checkbox"/> West/McQueen (Grades K 9)
	<input type="checkbox"/> Senior High (Grades 10 - 12)	
School year applied for: 2018-19	Busing Needed?: <input type="checkbox"/> Yes. Please email the forms to me	

Please provide brief answers to the following questions:

1. How did you first hear about Edmonton Christian Schools?

2. Why do you desire a Christian education program for your children?

3. Have you read and do you agree with the **Vision, Mission and Program Guiding Principles** of the Edmonton Society for Christian Education and the **Vision-Mission Goals and Strategies** of Edmonton Christian Schools (*enclosed*)?

___ Yes ___ No

4. Have you read and do you agree with the **Summary Statement of Faith** of The Edmonton Society for Christian Education (*enclosed*)?

___ Yes ___ No

5. How are you providing a home environment that supports and reinforces a Christian school program?

6. Are there any questions or concerns regarding the program and operations of Edmonton Christian Schools that you would like to discuss at the interview?

7. We give the Society permission to publish our children's school work and/or photographs of our children /family taken during public Society or school events in Society publications, including the Society website (Names will not be published unless you give specific permission.)

___ Yes ___ No

8. We give permission for our children to travel on Society school buses for school related functions (e.g. field trips) or as a casual rider upon our request.

___ Yes ___ No

9. The Society publishes an annual *Directory* which is distributed only to families with children enrolled in Edmonton Christian Schools. It is not distributed to businesses or organizations. Parent names, student names, name of school and grade are published in the *Directory* by default. **Please check each additional item that you agree to have published:**

Address _____ Phone _____

- The name and contact information of an ex-spouse can be included in the *Directory* on request.
- **Contact the Society office if you have questions or concerns: 780-476-6281.**

Financial Arrangements

Application fee: A \$25 **non-refundable** application fee (payable to the *Edmonton Society for Christian Education*) must be attached to this application form. This fee is not applied to your Program fees.

Information about payment of fees:

- **Include only the \$25 application fee with this form.** You will be invoiced for Program and Transportation fees in July. See the enclosed fee schedule to estimate your fees (*subject to change*).
- If paying with post-dated cheques, please send cheques by September 30
- If paying by Automatic Bank Withdrawal, please attach to this application form a cheque marked "VOID".
- Make cheques payable to: **Edmonton Society for Christian Education** or ESCE
- If paying with credit card, please include card number and expiry date below. **An extra fee of 3% is charged for credit card payments**

Please choose one payment option:

Option 1. Payment in full by September 30 or another date: _____ (enter date):

Cash/cheque, or;

Credit card (**add 3%**): **Number:** _____ **Expiry Date:** _____

Option 2. Monthly payments (payments are divided over 10 months starting in September).

Choose one of the following three methods of monthly payment:

Post-dated cheques (*must be in our office by September 30, payable to Edmonton Society for Christian Education*)

Automatic Bank Withdrawal:

Debit my account on the 1st or 15th of each month (*Please attach a void cheque to this application*)

Credit Card: Visa Mastercard AmEx **An extra fee of 3% is charged for credit card payments**

Monthly credit card payments are processed on the first business day of each month

Card Number: _____ **Expiry Date:** _____

Card Holder's Name _____ Signature _____

Reduced Program Fee (Subsidy) Request: Check this box to receive an application for a limited fund available on a first-come, first-served basis to low income families. An application form must be completed each year by June 15 and is subject to approval. **A payment option and a method of payment must still be chosen above.**

Parent Commitment: The undersigned hereby certify that we:

- Agree, as a condition of enrolment and continued enrolment to **support the policies** of Edmonton Christian Schools, the Edmonton Society for Christian Education and Edmonton Public Schools;
- Agree, as a condition of enrolment and continued enrolment, to **pay our fees** in the manner indicated above. We also acknowledge that there may a change in program and transportation fees prior to September 1 and that the Society will notify us of fee changes.

We certify that the facts in the above application are true and complete to the best of our knowledge.

First Parent's Signature

Date

Second Parent's Signature

Date

Student Information Sheet

To help us provide the best possible educational experience for you and your children, please provide any information that you think would be important for us to know about his/her strengths and/or challenges in the following areas. (Please note any extra assistance your children received during the past two years and whether that assistance was provided by their school or privately.)

Student 1: Name: _____

a. Academic: _____

b. Social/Behavioral: _____

c. Interests & Hobbies: _____

d. Medical (allergies, medications, etc.): _____

e. Additional personal or family information: _____

Note: Remember to include a copy of the student's most recent report card

Student 2: Name: _____

a. Academic: _____

b. Social/Behavioral: _____

c. Interests & Hobbies: _____

d. Medical (allergies, medications, etc.): _____

e. Additional personal or family information: _____

Note: Remember to include a copy of each student's most recent report card

Student Information Sheet (Page 2)

To help us provide the best possible educational experience for you and your children, please provide any information that you think would be important for us to know about his/her strengths and/or challenges in the following areas. (Please note any extra assistance received during the past two years and whether that assistance was provided by their school or privately.)

Student 3: Name: _____

- a. Academic: _____

- b. Social/Behavioral: _____

- c. Interests & Hobbies: _____

- d. Medical (allergies, medications, etc.): _____

- e. Additional personal or family information: _____

Note: Remember to include a copy of the student's most recent report card

Student 4: Name: _____

- a. Academic: _____

- b. Social/Behavioral: _____

- c. Interests & Hobbies: _____

- d. Medical (allergies, medications, etc.): _____

- e. Additional personal or family information: _____

Note: Remember to include a copy of each student's most recent report card