

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

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.

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:

- 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 31st, 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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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 # () _____

Cell Phone # () _____

Grade Applying for: _____

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

Birthplace: _____

Citizenship:

Canadian Citizen Landed Immigrant

Student Visa

Status Indian/Métis: Yes No

Religion: _____

Church currently attending: _____

If Seventh-day Adventist: Student Baptized

Father Baptized Mother Baptized

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 # () _____

Mother Surname: _____

Mother Given Name: _____

Street Address: _____

Mailing Address: _____

City: _____

Province: _____ Postal Code: _____

Custody: Yes No

Employer: _____

Work Phone # () _____

Cell Phone # () _____

Alumni Information

Did one or both parents attend CAA as a student? () Yes () No
Email Address: _____

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

Emergency Contact (other than parents, 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.

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

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.

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. CAA will exercise discretion regarding the types of data posted to social media, so that sensitive data will be protected.

Parents and Families are requested to refrain from tagging their children in the photos CAA shares on our social media platforms. Tagging compromises privacy by associating names with images, which could allow individuals outside our school family to identify students. Please note that if tagging occurs, access privileges to CAA's social media site may be reviewed and may be subject to restriction. Parents and families are respectfully asked to remove previously tagged photos.

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

Please check your preference and return to the school.

- I consent to pictures of my child(ren) being uploaded to social media (e.g. Instagram, Facebook) 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.
- 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.
- I consent to pictures of my child(ren) being used in the school yearbook.
- I have a specific request regarding pictures of my children/child indicated below:

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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