



# SPRINGS CHRISTIAN ACADEMY

## 2018-2019 NEW STUDENT APPLICATION

**Administration Office**  
 261 Youville Street, Winnipeg, MB R2H 2S7  
 Phone 204-231-3640 Fax 204-257-1286

### STUDENT INFORMATION

Legal Last Name		Middle Name(s)	
Legal First Name		Province	
Address		City	Postal Code
<i>If legal is different from preferred name please indicate below:</i>		Home #	
Preferred Last Name		<i>If mailing address is different, please enter below:</i>	
Preferred First Name		Mailing Address	
Gender	<input type="radio"/> Male <input type="radio"/> Female		Student Cell # (if applicable)
Birth Date	M:      D:      Y:	Entering Grade	Age
Language spoken at home	Birthplace		
Citizenship	<input type="radio"/> Canadian Citizen <input type="radio"/> Landed Immigrant <input type="radio"/> International Student Visa <input type="radio"/> International Visitor		

**I do not receive the School Newsletter and would like to receive it**

### SCHOOL HISTORY

*SCA is not presently able to provide services for severe psychological, cognitive, behavioural or physical disabilities.*

Has student received?	<input type="radio"/> Resource assistance <input type="radio"/> IEP/AEP (please attach) <input type="radio"/> Behavioural Support/IBP <input type="radio"/> Gifted/Enrichment <input type="radio"/> Level 2 or 3 Funding <input type="radio"/> None		
Has student ever?	<input type="radio"/> Repeated any grade or course <input type="radio"/> Been suspended <input type="radio"/> Graduated from Gr 12 <input type="radio"/> None <input type="radio"/> Been refused admission to, or dismissed/expelled from, another school		
Last school attended	City	Province	
Last grade completed	<i>(include copy of most recent report card or transcript)</i>		Phone #

### HEALTH INFORMATION

Physician	Phone #
<b>MEDICAL ALERT</b> <i>Students with medical conditions and/or life-threatening allergies (anaphylaxis) that may require immediate action must complete a school U.R.I.S. medical plan. (Health Information remains in student file.)</i>	
Medical conditions that may require immediate action:	
Allergies that may require immediate action:	
Personal Health ID # _____ Family Medical # _____	

**PARENT(S)/GUARDIAN(S) INFORMATION - PRIMARILY LIVING WITH STUDENT**

<b>FATHER</b>	<input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Guardian	<b>MOTHER</b>	<input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Guardian
Is this student:	<input type="radio"/> Biological <input type="radio"/> Adopted <input type="radio"/> Foster <input type="radio"/> Other	Is this student:	<input type="radio"/> Biological <input type="radio"/> Adopted <input type="radio"/> Foster <input type="radio"/> Other
Title	<input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms	Title	<input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms
Legal Last Name	Legal Last Name		Legal Last Name
Legal First Name	Legal First Name		Legal First Name
Relationship to student	Relationship to student		Relationship to student
Home #	Cell #	Home #	Cell #
Email	Email		Email
Employer	Employer		Employer
Business #	Ext #	Business #	Ext #
Email	Email		Email
<p><i>* <b>MARRIED</b> as defined by the Statement of Faith: We believe marriage is a covenant union between God, one naturally born man and one naturally born woman. This covenant is a spiritual and legal contract performed by a minister of the Gospel or a duly authorized government official in the presence of witnesses. (Matthew 19:4-6; Mark 10:6-9) See Handbook for complete Statement of Faith</i></p>			
<input type="radio"/> *Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Common-Law			

**CUSTODY ARRANGEMENTS (if applicable)**

For Separated/Divorced Parents:	<b>Custody</b>	<input type="radio"/> Joint <input type="radio"/> Sole
Legal restrictions regarding access:	<input type="radio"/> Yes <input type="radio"/> No	(If yes, copy of legal documents must be provided.)
Provide details of arrangements:		

*Non-custodial parents are entitled to access students, records, and school personnel unless legal documents state otherwise.*

**PARENT(S)/GUARDIAN(S) INFORMATION - NOT PRIMARILY LIVING WITH STUDENT**

<b>FATHER</b>	<input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Guardian	<b>MOTHER</b>	<input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Guardian
Is this student:	<input type="radio"/> Biological <input type="radio"/> Adopted <input type="radio"/> Foster <input type="radio"/> Other	Is this student:	<input type="radio"/> Biological <input type="radio"/> Adopted <input type="radio"/> Foster <input type="radio"/> Other
Title	<input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms	Title	<input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms
Legal Last Name	Legal Last Name		Legal Last Name
Legal First Name	Legal First Name		Legal First Name
Relationship to student	Relationship to student		Relationship to student
Address	Address		Address
City	Province	Postal Code	City   Province   Postal Code
Home #	Cell #	Home #	Cell #
Email	Email		Email
Employer	Employer		Employer
Business #	Ext #	Business #	Ext #
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<input type="radio"/> *Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Common-Law			

**EMERGENCY CONTACT INFORMATION (if parent is not available)**

#1 - Alternate Emergency Contact ( <b>Not</b> Parent/Guardian)		#2 - Alternate Emergency Contact ( <b>Not</b> Parent/Guardian)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Relationship to student		Relationship to student	
Daytime #	Cell #	Daytime #	Cell #
Address		Address	

**INDIGENOUS IDENTITY DECLARATION**

**Providing this personal information is voluntary and optional.**

The info you provide is collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act. This information helps to support the efforts of MB Education and Advanced Learning, the School Division and schools to plan and improve programs in a way that is responsive to Indigenous learners. For more information about Indigenous Identity Declaration, visit: <http://www.edu.gov.mb.ca/aed/abidentity.html>

Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?  
 (Note: *First Nations include Status & Non-Status Indians*) If "Yes", check the circle(s) that best describe your child now:  
 First Nation (North American Indian)       Métis       Inuk (Inuit)

If you have selected an Indigenous identity, select up to two of the following cultural-linguistic identities that best describe your child

Anishinaabe (Ojibway/Saulteaux)       Ininiw       Dene (Sayisi)  
 Dakota       Oji-Cree       Michif  
 Inuktitut       Other

*Please specify* \_\_\_\_\_

**PARENTAL AGREEMENT**

- For academic and character references, I give permission to SCA to contact my child's previous school.
- I understand SCA must know in advance every potential or probable time required of our Student Services, including Clinician services. Failure to accurately inform SCA about these needs, or a change in needs, may lead to the discontinuation of the school's ability to meet the applicant's needs in the future. This could result in the potential removal of the student from SCA.
- I have read the SCA Handbook, SCA Preschool Policy (if applicable), and SCA Before/After School Handbook (if applicable), as interpreted by SCA and Springs Church including Statement of Faith, and agree to support the School Administration and SCA's Policies & Procedures as interpreted by SCA and Springs Church.
- I agree to meet my financial obligations as outlined on the financial page.
- I understand that if my child is in breach of the Honour Code, there will be consequences which could include immediate expulsion from SCA.
- I understand that by signing the Parental Agreement, I agree to support both Springs Christian Academy and Springs Church verbally and digitally.
- I have supplied all necessary documentation to the school as required. (see checklist)
- In the event of an accident, I hereby authorize SCA to call an ambulance to provide first aid and transportation to the nearest hospital.
- The information provided will be for SCA (a ministry of Springs Church) and Springs Church use only. I understand my phone number/email may be released to a Parent Advisory Council member or volunteer to contact me re: school or school related events. If I do not want this information released or if I have questions regarding the Privacy Act, I understand I will need to contact the SCA Compliance Officer at the Administration Office.
- I will notify the SCA Administration Office of any changes to my child's information.
- I solemnly declare that the statements made in this New Student Application and Pastor's Reference are true. Consequences for untrue statements may result in expulsion of the student.
- **I have read and accept the Parental Agreement.**

Parent or Legal Guardian (Print)	Parent or Legal Guardian signature	Date (Month/Day/Year)
Witness (Print)	Witness signature	Date (Month/Day/Year)

## INTERVIEW

**A FAMILY INTERVIEW WILL BE SCHEDULED WHEN ALL PAPERWORK HAS BEEN RETURNED TO SCA ADMINISTRATION OFFICE.**

**Below are some sample questions that may be asked in the interview:**

**Sample questions for parents:**

- How did you become a Christian?
- What is God doing in your life currently?
- What are you looking for in a school? Why do you feel SCA will be a good fit for your family?
- What are your child's gifts and talents? How does your child handle transition?
- Do you have concerns with your child starting SCA?
- SCA encourages parent volunteers. Are there any areas where you would like to volunteer?

**Sample questions for students:**

- How did you become a Christian? What does being a Christian mean to you?
- What do you enjoy about church?
- Why would you like to attend SCA?
- What subjects do you enjoy? Any subjects you don't like?
- Are you artistic? Athletic?
- What do you like to do in your free time?
- What kind of books/movies/music do you like?
- How do you feel about starting a new school?

**How were you introduced to Springs Christian Academy?**

- Friend                       Website                       Springs Church  
 Other - If other, please explain.

If someone referred you, please let us know; they will be eligible for a Tuition Credit.

## FOR OFFICE USE ONLY

<b>Application Received</b>		
M:	D:	Y:

<b>Student #</b>
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<b>Family #</b>
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**Administrator's signature** .....

**Date signed:**

M:	D:	Y:
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**Notes:**

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