



SPRINGS CHRISTIAN ACADEMY

NEW STUDENT APPLICATION

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

APPLICATION FOR ENTRY INTO GRADE: _____ FOR THE SCHOOL YEAR: _____

STUDENT INFORMATION

Legal Last Name		Legal First Name	
Middle Name(s)	Gender (please circle) M / F	Birth Date	M: D: Y:
If legal is different from preferred name please indicate below:	Address		
	City	Province	
Student Email	Postal Code	Home #	
Student Cell #	If mailing address is different, please enter below:		
Language spoken at home	Mailing Address		
Citizenship <input type="radio"/> Canadian Citizen <input type="radio"/> Landed Immigrant <input type="radio"/> International Student Visa <input type="radio"/> International Visitor			
Indigenous Identity Declaration: Is your child an Indigenous person that is <input type="radio"/> First Nation (North American Indian) <input type="radio"/> Métis <input type="radio"/> Inuk (Inuit)			
If you have selected an Indigenous identity, select <u>up to two</u> of the following cultural-linguistic identities that best describe your child			
<input type="radio"/> Anishinaabe (Ojibway/Saulteaux) <input type="radio"/> Dakota <input type="radio"/> Inuktitut <input type="radio"/> Ininiw <input type="radio"/> Oji-Cree <input type="radio"/> Dene (Sayisi) <input type="radio"/> Michif <input type="radio"/> Other			
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. Providing this information is voluntary. For more information about Indigenous Identity Declaration, visit: http://www.edu.gov.mb.ca/aed/abidentity.html			

PARENT(S)/GUARDIAN(S) INFORMATION

FATHER <input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Guardian		MOTHER <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 First Name		Legal First Name	
Relationship to student		Relationship to student	
Home #	Cell #	Home #	Cell #
Email		Email	
Employer	Business #	Employer	Business #
Parent(s)/Guardian(s) are <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 <input type="radio"/> Joint <input type="radio"/> Sole Student lives with <input type="radio"/> Both Parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Guardian <input type="radio"/> Other			
If applicable, a copy of legal custody documents must accompany this application			
* MARRIED 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			

HEALTH INFORMATION

Physician	Phone #
MEDICAL ALERT 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.)	
Medical conditions that may require immediate action:	
Allergies that may require immediate action:	
Does the student require: Epi-pen Y / N	Medications (please list): Other:
Personal Health ID # _____	Family Medical # _____

SCHOOL HISTORY

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

Has student received?	<input type="radio"/> Student Services	<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			

Please explain any checked items:

Last school attended	City	Province
Last grade completed	<i>(include copy of most recent report card or transcript)</i>	
	Phone #	

EMERGENCY CONTACT INFORMATION (if parent is not available)

#1 - Alternate Emergency Contact (Not Parent/Guardian)		#2 - Alternate Emergency Contact (Not Parent/Guardian)	
Name		Name	
Relationship to student		Relationship to student	
Daytime #	Cell #	Daytime #	Cell #
Address		Address	

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 the 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.
- In the case of an emergency, I give SCA permission to transport my child to a safe location.
- 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 Pastoral 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)

How were you introduced to Springs Christian Academy? Friend Website Social Media Springs Church Other
If someone referred you, please let us know; they will be eligible for a Tuition Credit.

FOR OFFICE USE ONLY:

Date Received _____	Interview Date _____	Approved _____
Student # _____	Family # _____	