



Calgary Christian School

International Student Registration

Date Received: _____ Start Date: _____

STUDENT INFORMATION

Write the student's legal surname (last name) and first name below. These are the names on the student's birth certificate or adoption papers.

Legal Surname _____

Legal First & Middle Names _____

If the student uses a different first or last name, please indicate these below

Preferred Surname _____

Preferred First & Middle Names _____

Date of Birth _____ / _____ / _____ Male Female Entering Grade _____
yyyy/mm/dd

MOTHER

Surname _____ First Name _____

Address _____ Postal Code _____ E-mail _____

Home Phone _____ Business Phone _____ Cell Phone/Fax _____

FATHER

Surname _____ First Name _____

Address _____ Postal Code _____ E-mail _____

Home Phone _____ Business Phone _____ Cell Phone/Fax _____

LEGAL GUARDIAN

Surname _____ First Name _____

Address _____ Postal Code _____ E-mail _____

Home Phone _____ Business Phone _____ Cell Phone/Fax _____

Upon conditional acceptance of student registration, ALL students must complete and return the LIVING ARRANGEMENTS FORM to the International Student Coordinator to confirm place of residence while attending Calgary Christian School.

Students are expected to live with a Calgary Christian School HomeStay Family if they are not living with their parents. Exceptions to this must be reviewed and approved.

If a student will not be living with their parents while attending Calgary Christian School, the enclosed GUARDIAN/CUSTODIAN DECLARATION AND the LIVING ARRANGEMENTS FORM must be completed and updated throughout the school year.



International Student Registration

CITIZENSHIP OF STUDENT *(check one)*

International Student

Student Visa Expiry Date: _____/_____/_____
yyyy/mm/dd

Permanent Resident/Landed Immigrant

Child of person admitted to Canada for temporary residence (does not include tourists or visitors)

Language Spoken at Home _____ Country of Citizenship _____

SCHOOL HISTORY

Name of previous school attended _____

School Address _____

City, Province, Postal Code _____

Phone Number _____ Fax Number _____

EMERGENCY CONTACTS AND MEDICAL INFORMATION

An emergency contact is someone other than the student's parents or guardian.

Emergency Contact #1 _____

Telephone _____ Other Phone _____ Special Instructions _____

Emergency Contact #2 _____

Telephone _____ Other Phone _____ Special Instructions _____

Are there any serious medical conditions or concerns that the school needs to be aware of? Please indicate.

Allergies Asthma Diabetes Epilepsy Hemophilia Heart Condition

Other _____

Please complete the Severe Allergy/Medical Condition Alert Form to thoroughly detail any medical condition.



International Student Registration

Please answer the following questions as accurately and completely as possible.

Please share your reasons for choosing CCS and Christian education for your child(ren).

For students in Grades 7-12, please also have the student(s) indicate their reasons for wanting to attend.

Please share briefly your statement of faith; each student in Grade 7-12 is also asked to share their statement of faith.

Please tell us here if you are aware of or suspect that your child may have an emotional, learning or behavioral need, and describe the need.

What language(s) does the family speak at home? _____

How long has the student been in Canada? _____

Are there other students from your family that attend Calgary Christian School? Yes_____ No_____

If yes, please list names of students _____

Has your child been referred to a speech therapist, occupational therapist, or education specialist? If yes, please submit copies of their reports. Describe the reason for the referral below.

Please note any additional information that would assist our staff in knowing your child. It is also helpful to inform the teacher of situations that may affect your child during the school year (births, deaths, separations, divorce, etc). All information will be treated confidentially.



Calgary Christian School

International Student Registration

I HAVE READ, UNDERSTOOD AND AGREE TO RESPECT:

1. The Basis and Educational Creed for Calgary Society for Christian Education.
2. The Partnership Agreement.
3. The expectations for church attendance.
4. The financial obligations of attending Calgary Christian School.

Mother's Signature _____

Father's Signature _____

Guardian Signature _____
(if applicable)

Student Commitment

I also agree to the above 4 items as they apply to me.

I understand that speaking English during school hours and at school events will show respect to the teachers and other students at Calgary Christian School and I will do my best to do so at all times.

Student Signature _____

To participate in the HomeStay Program, please download the necessary documents from
www.calgarychristianschool.com

or request them from the International Student Coordinator at 403.242.2896 ext. 312; admissions@csce.net.

Personal Information and Consent

Calgary Christian School respects your privacy. We protect your personal information and adhere to all legislative requirements in accordance with the Alberta Personal Information Protection Act (PIPA) with respect to protecting privacy. We do not rent, sell or trade Society information. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of Calgary Christian School, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts.

I/We give permission to publish family information including names, addresses, phone numbers and email in the annual school directory. **Yes** **No**

I/We give Calgary Christian School the unrestricted right to use and publish images of the child(ren) listed on this application for yearbooks, school publications, electronic reproductions and/or promotional materials or any other purpose and in any manner or medium, now and into the future. Permission is granted to alter or copyright the same without restriction. Changes in these permissions must be made by written notice to Calgary Christian School.

Yes No Inclusion in Yearbook Only

Signature _____ Signature _____



Calgary Christian School

SEVERE ALLERGY/ MEDICAL CONDITION ALERT

The purpose of this collection of information is to respond to potential emergency situations involving your student whom you have identified as having a potentially life-threatening allergy or medical condition. If you have any questions concerning the collection, use or disclosure of this information please contact the school.

STUDENT INFORMATION

Name of Student: _____ AHC#: _____
Address: _____ Date of Birth: _____
Name of Parents/Guardians: _____
Home Phone: _____ Other Phone: _____
Work Phone: _____ Other Phone: _____
Emergency Contact 1: _____ Phone: _____
Emergency Contact 2: _____ Phone: _____
Doctor's Name _____ Phone: _____

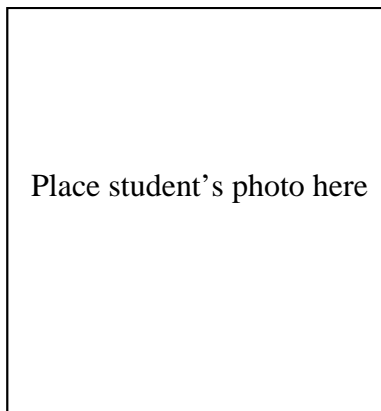
TO BE COMPLETED BY PARENT

(To be posted, following parental consent)

A. ALLERGY

This student has a DANGEROUS, life-threatening allergy to the following:

and all substances containing them in any form or amount, including the following kinds of items:



GENERAL PRECAUTIONS

The key to preventing an emergency is ABSOLUTE AVOIDANCE of these allergens at all times.

B. MEDICAL CONDITION

This student has the following medical condition: _____

GENERAL PRECAUTIONS: _____

MEDICATION REQUIRED:

Type: _____

Dosage: _____

Instructions: _____

EMERGENCY MEASURES: _____

I agree that the school may post my child's picture, administer prescribed medication and/or take the emergency measures required. I acknowledge that this information will be shared, as necessary, with the staff of the school and health care providers.

Date

Parent's Signature

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:

• Hives and itchiness on any part of the body	• Throat tightness or closing
• Nausea, vomiting, diarrhea	• Coughing, wheezing or change of voice
• Difficulty breathing or swallowing	• Fainting or loss of consciousness
• Panic or sense of doom	
• Swelling of any body parts, especially eyelids, lips, face or tongue	• Other:

EMERGENCY MEASURES

- Get EpiPen (epinephrine) or other Medication and administer immediately.
- HAVE SOMEONE CALL AN AMBULANCE and advise of need for an Epipen (epinephrine).
- Unless student is resisting, lay student down, tilt head back and elevate leg.
- Cover and reassure student.
- Record the time at which Epipen (epinephrine) was administered.
- Have someone call the parent.
If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second Epipen (epinephrine).
- Even if symptoms subside, students require medical attention because there may be a delayed reaction – take the student to hospital immediately in the ambulance.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Severe Allergy Alert Form for the student and the time at which the Epipen (epinephrine) or medication was administered.