

# Mountain View Christian Academy

"Where Faith and Education Align"

3306 Griffith Street, Terrace, BC V8G 0C6

Phone: 250-635-5518 Fax: 250-635-5528

Email: [info@mvcaweb.ca](mailto:info@mvcaweb.ca) Website: [www.mvcaweb.com](http://www.mvcaweb.com)



## **STUDENT ENROLMENT FORM**

Student's Name: \_\_\_\_\_  
First Middle Last

Student's Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female

We have enclosed a copy of the student's birth certificate:

Does your child live on a reserve?  Yes  No

If **yes**, what is the students address on the reserve: \_\_\_\_\_

If **yes**, which band? \_\_\_\_\_ Band #: \_\_\_\_\_

Is your child fully immunized?  Yes  No

### **Student Legal Information**

Legal Alert: \_\_\_\_\_

#### **Custody Information (if applicable)**

Legal Custody  Mother  Father  Other (please explain) \_\_\_\_\_

Lives With  Mother  Father  Other (please explain) \_\_\_\_\_

Access to Student  Mother  Father  Other (please explain) \_\_\_\_\_

Person (other than parents) not permitted to have access to student:  
\_\_\_\_\_

If either parent is denied access, please provide a copy of the Court document(s).

Copy of Court document(s) provided?  Yes  No

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## **Student Medical Information**

Medical Alert: \_\_\_\_\_

Other Health Conditions/Medications: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

BC Care Card Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Parent or Guardian Information**

Mother's Full Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

(if different from child's)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

(if different from child's)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Academic History**

Previous School/s: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Does the student have any academic or disciplinary problems? If yes, please supply details (this will help us establish whether, and how, we can meet the student's needs).

\_\_\_\_\_  
\_\_\_\_\_

2. Has the student ever had a Psychoeducational Assessment? If yes, when? (If yes, please provide documentation.)

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3. Has your child ever received special education funding?  Yes  No

4. Has your child ever received learning assistance services?  Yes  No

5. List student interests and hobbies (e.g. piano, soccer, etc.)

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## Legal Residency of Parent

Please complete the appropriate legal residency form parts A or B (if parents are deceased, use part B) and part C.

### Part A

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

1. Lawfully admitted into Canada

I am (please X one)

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card?)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document)
  - Admission as a refugee claimant
  - A person claiming refugee status who has a letter of no objection
  - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
  - Other – document description (be cleared with Immigration Canada)

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2. Residency in British Columbia

I am a resident of British Columbia (please X one)

Yes, Residency address:

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No, I am not a resident of British Columbia

Advance to Part C

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## Part B

*(Deceased parent was lawfully admitted into Canada)*

To be completed and signed by the student or a knowledgeable adult (one who knew the student's parent(s) and has knowledge of the facts respecting their deceased and the matters set out in this document)

1. The student's deceased parent was at time of death (please X one)

- A Canadian Citizen
- A landed immigrant

2. The student's deceased parent was at time of death a resident of British Columbia (please X one)

Yes, Residency address:

\_\_\_\_\_

No, Not a resident of British Columbia

## Part C

Parent or Guardian's Legal Name:

\_\_\_\_\_

Parent or Guardian's signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Please initial here to show permission to use your child's image for education purposes only: \_\_\_\_\_

## Parental Consent Forms

### 1. Consent to retain personal information

The information collected on this form is collected, used and disclosed by **Mountain View Christian Academy** in accordance with the Personal Information Privacy Policy Parents and Students of **Mountain View Christian Academy**, a copy of which is available from the school's privacy officer.

I consent to have **Mountain View Christian Academy** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email addresses, behavioural, academic and health information, most recent report card, emergency

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contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **Mountain View Christian Academy** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Mountain View Christian Academy**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **Mountain View Christian Academy's** 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 by and to agents, contractors and service providers of **Mountain View Christian 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 **Mountain View Christian Academy** is Mr. Panag and may be reached at 250 635-5518.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2. Consent to use photos of my children and their work

I consent to having photographs of my child(ren) on MVCA's promotional material.  Yes  No

I consent to having photographs of my child(ren) on MVCA's website.  Yes  No

I consent to having photographs of my child(ren) on MVCA's Facebook page.  Yes  No

I consent to having photographs of my child(ren) on MVCA's Instagram page.  Yes  No

I consent to having photographs of my child(ren)'s work samples used on MVCA's websites and social media sites.  Yes  No

## 3. Consent to volunteer as a field trip driver

I am willing to volunteer to drive for school field trips and acknowledge that my vehicle insurance information and driving record are required by the school to protect against third-party liability (minimum of **\$2,000,000.00** liability) in case of an accident. I understand that this information will only be released in the event of an accident.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 4. Consent for field trips

My child, \_\_\_\_\_, has my permission to go on ALL field trips and P.E class outings for the current school year of \_\_\_\_\_. I understand that notices of these field trips will be in the weekly newsletter as well as in my student's planner.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. Consent to call an ambulance

If my child, \_\_\_\_\_, becomes injured while at MVCA, I give consent for the teacher in charge to call an ambulance and hand my child over to the medical practitioner.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_