



**Ponoka Christian School**  
**Student Registration Form**  
**Preschool, Kindergarten (ECS), Gr 1-9**

“Train up a child in the way he should go; and when he is old, he will not depart from it.” Proverbs 22:6

**WELCOME TO PONOKA CHRISTIAN SCHOOL**

PCS is an independent, interdenominational school that declares the Lordship of Jesus Christ in all areas of our school and community. We believe and openly declare that our world belongs to God; we are His servants within His creation.

PCS employs Alberta Certified teachers who teach the Alberta curriculum from a Christ centered perspective.

**Our Mission Statement:**

Educating our children together with home and church to know the Lordship of Christ.

**Enrollment Information and Procedures**

1. Complete a Student Registration form for each child to be enrolled. Submit to the school office along with:
  - a. A copy of the child’s birth certificate or landed immigrant status.
  - b. A completed Pastoral Reference letter.
  - c. Signed Statement of Faith (form attached)
  - d. Signed Consent to Disclose Personal Information (form attached)
  - e. Tuition agreement form
  - f. A copy of the student’s most recent report card. (if applicable)
2. Admission interview will be conducted. Two members of the school board will arrange to meet with both parents/legal guardians.
3. Parents will be informed once their application has been approved by the board.

Date of Registration: \_\_\_\_\_ Grade Applied for: \_\_\_\_\_  
(1<sup>st</sup> day student attending class)

Alberta Student Number (ASN): \_\_\_\_\_  
(office use only)

**STUDENT INFORMATION**

Legal Name: \_\_\_\_\_  
First Middle Last

Preferred first or last name (if different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Child's Citizenship: Canadian \_\_\_\_\_ Landed Immigrant: \_\_\_\_\_ Other: \_\_\_\_\_  
(Please attach a copy of birth certificate or residency document)

Language spoken at home: \_\_\_\_\_ (First language if not English)

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Physical Address (if different) or Legal Land Location: \_\_\_\_\_

Blue Sign (rural addresses only): \_\_\_\_\_

Is school bus service requested:  Yes  No

**PARENT/GUARDIAN (Priority Contact) INFORMATION**

Contact 1 (parent/guardian)

Contact 2 (parent/guardian)

Name: \_\_\_\_\_  
(first and last)

Name: \_\_\_\_\_  
(first and last)

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Address if different from child's:  
\_\_\_\_\_

Address if different from child's:  
\_\_\_\_\_

## CHILD RESIDENCY/GUARDIANSHIP

Child resides with:

Both Parents    Father only    Mother only    Shared Custody    Guardian

Please note dates of shared custody arrangement, ONLY if applicable to school days:

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Are the rights of either parent restricted by court order?  Yes    No   *(Documentation may be required)*

The following person/people DO NOT have permission to pick up my child: \_\_\_\_\_

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## MEDICAL INFORMATION

List any medical concerns/consideration (physical or mental) which the school needs to know:

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Does your child have any life-threatening allergies, including drug interactions? (please explain)

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Is your child on any ongoing medications? (please explain)

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Have you received documentation for your child referring to Occupational or Speech therapy, Social Work or Mental Health?  Yes    No   *(if yes please attach copies)*

PHN: \_\_\_\_\_ Immunizations up to date?  Yes    No

In the event of a medical emergency, when my child may need first aid or transportation to a medical facility, I give permission for the first aid to be given and or the transportation to take place.

Parent/Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACADEMIC HISTORY

Last school attended (if not PCS): \_\_\_\_\_

School address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the student ever had an Individualized Program Plan (IPP), Individualized Education Plan (IEP) or a learning, medical or mental health assessment that has provided recommendations to support the student's learning?  Yes  No

**If Yes**, please provide a description and if known, the Alberta Education special education code:

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

Are there any language needs or any other unique learning needs PCS should know in order to support the student's learning?

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

## EMERGENCY CONTACT INFORMATION

In the event the parents/guardians are unavailable, please provide 2 emergency contacts.

### Emergency Contact #1

Name (*first and last*): \_\_\_\_\_ Phone/cell: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### Emergency Contact #2

Name (*first and last*): \_\_\_\_\_ Phone/cell: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**In case of emergency, I give permission for either of the above individuals to be contacted and my child may be released to them.**

Parent/Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIBLING INFORMATION** (registered in this school or other schools)

Full Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

**ABORIGINAL SELF- IDENTIFICATION**

If you wish to declare the student is aboriginal, please specify:

First Nation (status)       First Nation (non-status)       Métis       Inuit

*For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://www.education.alberta.ca/system-supports/results-reporting) or contact Alberta Education at 780-427-8501. If you have questions regarding the collection of student information by the school, please contact the school office at [office@ponokachristianschool.com](mailto:office@ponokachristianschool.com) or 403-783-6563.*

I/We have read the PCS parent handbook and are in agreement with the stated purpose and goals of Ponoka Christian School and desire to have my child taught in a school that strives for these goals.

Parent/Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(The PCS handbook is available at the school office, or an electronic copy can be emailed. Please contact the school office by phone or email if you would like a copy)

Would you be interested in the help of a mentor family to become more familiar with our school?

Yes     No



## CONSENT TO DISCLOSE PERSONAL INFORMATION

*The Personal Information Protection Act came into effect for independent school boards on January 1, 2004. In brief, PIPA requires independent schools to protect and manage all the personal information that they hold according to standards that protect individual privacy. Personal information is any information about an identifiable person. For our purposes, it includes information about a person's home location, contact numbers, family, education, finances, and health only to the extent that this is relevant to the operation of the school, the Board and its Committees.*

Ponoka Christian School, as part of its registration process, will collect personal information from parents and guardians who are enrolling their children in the school. Some of this information may be compiled and used as follows:

- to create class lists, family directories, phone lists, and committee lists for internal use and to distribute among school families.
- to verify absenteeism, using related contact information.
- to promote the school within the context of the school, on the web site and through submissions to the media, using school photos, including individuals, class, team, and club photos.
- to promote the school using students' work, including displays on the web site.
- to make a donator contact list which will be used by our school treasurer, bookkeeper, Finance Committee and board; but will not be shared outside the context of the school.
- to promote student health and as required by statute (For example, health alert lists will be distributed to teachers, and students' names, grade levels, parents or guardian names must be given to the Public Health, Alberta Health Services Central Zone
- For other purposes related to the operation of the school

For more information or clarification, please contact the principal at 403-783-6563.

If there are areas of concern i.e. Photographs, or publication thereof, please contact the office or note your specific exclusions or concerns: \_\_\_\_\_

\_\_\_\_\_

I/We give permission for the release of personal information except as outlined above for:

Student Name: \_\_\_\_\_

Parent/Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STATEMENT OF FAITH

1. We believe that there is only one true God, eternally existent in three persons: Father, Son and Holy Ghost. (2 Cor. 13:14, Matt. 28:19)
2. We believe that the Bible is the inspired and preserved Word of God and is a complete revelation of His will for the salvation of men. It is the final authority in all matters of faith and conduct. (2 Tim. 3:16,17, Matt. 24:35)
3. We believe that God created the universe for a divine purpose and that the form of every kind of life was fixed at the time of its creation. (Gen. 1:1, John 1:1)
4. We believe Jesus Christ is the only way to heaven and that a person must repent of his/her sins and accept Him as their Savior and Lord to be born again. (John 3: 7,16)
5. We believe that Jesus Christ is the only mediator between God and man. (1 Tim. 2:5)
6. We believe in the deity of our Lord Jesus Christ, His pre-existence, His virgin birth, His sinless life, His miracles, His substitutionary death, burial and bodily resurrection, His Ascension to the right hand of the father and future visible return in power and glory. (Col. 1:13-20, Matt. 24:30)
7. We believe that man was originally created in the image and likeness of God as a triune being (body, soul and spirit). He fell through disobedience incurring thereby both physical and spiritual death. All men are born with a sinful nature, are lost and can be saved only by grace through the atoning blood of the Lord Jesus Christ. (Rom. 3:23, Eph. 2:8,9, Titus 3:5)
8. We believe that the Holy Spirit is a Divine person sent to indwell, guide, teach, empower the believer and convince the world of sin, of righteousness and of judgment. It is the will of God that each believer should be filled with the Holy Spirit thereby receiving power for holy living and effective service. (Rom. 8:4, 12:1,2, Titus 2:11-13, 1 John 2:15)
9. We believe that the Church is the spiritual unity of true believers in our Lord Jesus Christ of which Christ is the Head. (John 17:20-23, 1 Cor. 12:12-24)
10. We believe that support of and participation in the task of fulfilling the great commission is an obligation of all believers in our Lord Jesus Christ. (Matt. 28:18-20, Mark 16:15)
11. We believe in life after death – either in heaven or in hell. (Dan. 12:2, John 5:28,29)

**I/We will voluntarily subject myself/ourselves to this statement of faith thereby indicating non-interference with the Christian direction of the Ponoka Christian School.**

Parent/Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PASTORAL REFERENCE: To be completed by the pastor of the church you attend**

The family named below has applied to have their children attend Ponoka Christian School. The PCS Board would appreciate your candid evaluation of the involvement of this family in your church. The information you provide will be respected with complete confidentiality.

**Please return the completed form to PCS by email: [office@ponokachristianschool.com](mailto:office@ponokachristianschool.com)**

Reference for: \_\_\_\_\_  
*Surname* *First Name(s)*

Name of Church: \_\_\_\_\_

1. How long have you known this family?

\_\_\_\_\_

2. Are the parents members of your church?  Yes  No

3. This family attends church:  Regularly  Occasionally  Very Seldom

4. Are the parents active in church activities?  Yes  No

Please specify: \_\_\_\_\_  
\_\_\_\_\_

5. Additional information: \_\_\_\_\_  
\_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Thank you for your time and cooperation.**