

RON PETTIGREW CHRISTIAN SCHOOL
1761-1 10TH AVENUE, DAWSON CREEK, BC V1G 4X4
PHONE: (250)782-4580 FAX: (250) 782-9805

rpcs@pris.ca

Student Application

Date _____

Student Information

Legal Name of Student (Last) _____ (First) _____ (Middle) _____

Usual Name of Student (*if different*) (Last) _____ (First) _____

Age ____ Gender ____ Birthdate _____ Aboriginal ____ Grade Applied for ____ Last Grade Completed ____
dd/mm/yyyy y/n

Has this student accepted Christ as his/her personal Saviour? ____ When? ____ Baptized? ____

Does this student want to attend Ron Pettigrew Christian School? ____

Family Information

Parent(s) ____ or Guardian(s) ____

Father

Mother

Official Name: _____

Official Name: _____

Home Address: _____

Home Address: _____

Postal Code _____

Postal Code _____

Phone: Home #: _____

Phone: Home #: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

Name of Workplace: _____

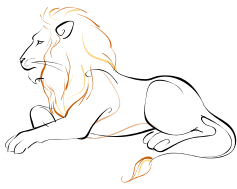
Name of Workplace: _____

Parents are: Married ____ Divorced ____ Separated ____ Single ____ Common-Law ____ Other ____

Are there any legal court orders regarding guardianship or custody of this applicant? ____ If yes, include copies.

Student usually lives with: _____

of Brothers ____ # of Sisters ____ Do they attend school? ____ If so, where? _____



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General Information

Please explain briefly why you are applying: _____

Do you have a church affiliation? _____ Where? _____ Do you attend regularly? _____

Academic History

Last School Attended: _____ Location: _____

Previous academic achievement has been: Superior: _____ Above Average: _____ Average: _____ Below Average: _____

Has your child:

had academic difficulties/ learning assistance? _____ had social problems? _____ been identified as gifted? _____

had discipline problems in school? _____ been diagnosed as having a physical disability (including sight & hearing)? _____

Please use the following lines to explain any of the above: _____

Emergency Contact Please designate someone to contact in such case as the parents or guardians are unavailable.

Name: _____

Address: _____

Relationship to student: _____

Postal Code: _____

Phone: Home #: _____

Name of Workplace: _____

Cell #: _____

Work #: _____

Medical Information

Student's Health Number: _____ Family Physician: _____ Phone: _____

Does this student have up-to-date immunizations? _____

Is this student able to participate in a full PE program? _____
(please note: if no, an exemption note from your family physician is required)

Does this student have any significant medical conditions? (e.g. allergies, asthma, diabetes, epilepsy, heart condition etc.)

Please list & describe: _____

(Please inform the school office if any of the above conditions change during the school year.)



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Personal Information Privacy Act (PIPA) Consent

RPCS collects and uses personal information to provide your child with the best educational services as outlined in our Mission Statement. The personal information on these forms is required in order to register your child at RPCS and assist the school in making informed decisions on the suitability and appropriate placement of your child. This information will also allow PRCS to respond immediately to an emergency. PRCS commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent unless permitted under the PIPA legislation. If you have any questions about RPCS's use, storage or disclosure of personal information, please contact us.

I give RPCS permission to use a picture of myself, or my/our child(ren) for normal school operations (e.g. yearbook, websites, seasonal publications etc.)

Parental Commitment

In making this application I/we certify that:

I/We have read all of the materials contained in the application packet and understand them. Furthermore, I/we have provided RPCS with complete, up-to-date and accurate information to use in the admissions process. RPCS reserves the right to deny admission or continued enrollment of a student for falsifying or omitting information in this application.

I/We understand the goals and objectives of Christian Education as indicated in the RPCS Parent Handbook and commit to supporting that kind of education for my/our child(ren).

I/We understand that grade placement is determined by the Administration.

In matters of discipline, my/our child(ren) will be subject to the disciplinary action of the staff and school administration, and will support that action.

I/We have read the current Fee Schedule and understand my financial commitment and will immediately notify the Board or Administrator if I/we cannot keep that commitment. I have completed the Promissory Agreement.

I/We understand that RPCS retains the authority to dismiss any student who does not respect the "Student Standard of Conduct", does not co-operate in the education process, or whose continued presence severely impairs the development of Christian Education.

In case of accident or sudden illness to (child's name) _____, if I/we cannot be contacted or immediately meet my/our child to authorize medical care, I/we hereby authorize RPCS to seek any and all medical attention deemed necessary by RPCS for my/our child.

(Child's name) _____ has permission to attend and participate in school-associated activities during the school year. I/We understand that adult sponsors and/or teachers will supervise these activities. Therefore, I/we agree to release and hold harmless the school, its agents and employees from all claims, damages, or other liabilities for injuries that may be sustained by the named student while traveling to and from, or while participating in such activities.



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I authorize a copy and/or faxed copy of this authorization to be used in all respects as if it were an original.

Father/Legal Guardian's Name

Father/ Legal Guardian's Signature

Mother/Legal Guardian's Name

Mother/ Legal Guardian's Signature

Please note: Both parents (unless legally separated or divorced) or all legal guardians must sign before enrollment will be considered.

Please include with this application:

- ☐ Photocopy of applicant's Birth Certificate
- ☐ Copy of applicant's Immunization Record
- ☐ Copy of applicant's most recent Report Card
- ☐ Copy of Certificate of Aboriginal Status (if applicable)
- ☐ PE exemption note from family physician (if applicable)

Final acceptance of this application is subject to review upon receipt of records. _____

Initial

For office use only

Interview Date: _____

Interviewed by: _____

Initial