

STUDENT APPLICATION FORM 2026-2027

Chilliwack Adventist Christian School

46018 Riverside Drive

Chilliwack, BC, V2P 3K8

Phone: (604) 792 8344

Email: principal@cacshcool.ca

Date of Application: _____

Student Information:

Child 1: Name for day to day use _____			Age: _____	Gender: M F
Legal student name: _____				
First Name		Middle	Surname	
Birth Date: ____ / ____ / ____		Birth Place: _____		Entering Grade: _____
Year mm dd		(Birth Certificate required)		
BC Care Card Number: _____ (photocopy required) S.I.N. #: _____				
Disabilities: (such as hearing, sight, speech, other): please list all _____				
Has your child been on a previous IEP Y/N (If yes, please attach the most recent IEP)				
Previous schools attended, and grades completed: _____				
*include copy of latest report card			*please indicate if student was suspended from school	

Child 2: Name for day to day use _____			Age: _____	Gender: M F
Legal student name: _____				
First Name		Middle	Surname	
Birth Date: ____ / ____ / ____		Birth Place: _____		Entering Grade: _____
Year mm dd		(documents required if outside Canada)		
BC Care Card Number: _____ (photocopy required) S.I.N. #: _____				
Disabilities: (such as hearing, sight, speech, other): please list all _____				
Previous schools attended, and grades completed: _____				
*include copy of latest report card			*please indicate if student was suspended from school	

Student Information:

Child 3: Name for day to day use _____			Age: _____	Gender: M F
Legal student name: _____				
First Name		Middle	Surname	
Birth Date: ____ / ____ / ____		Birth Place: _____	Entering Grade: _____	
Year mm dd		(documents required if outside Canada)		
BC Care Card Number: _____ (photocopy required) S.I.N. #: _____				
Disabilities: (such as hearing, sight, speech, other): please list all _____				
Previous schools attended, and grades completed: _____				
*include copy of latest report card			*please indicate if student was suspended from school	

Child 4: Name for day to day use _____			Age: _____	Gender: M F
Legal student name: _____				
First Name		Middle	Surname	
Birth Date: ____ / ____ / ____		Birth Place: _____	Entering Grade: _____	
Year mm dd		(documents required if outside Canada)		
BC Care Card Number: _____ (photocopy required) S.I.N. #: _____				
Disabilities: (such as hearing, sight, speech, other): please list all _____				
Previous schools attended, and grades completed: _____				
*include copy of latest report card			*please indicate if student was suspended from school	

If there are more than four students you wish to register, please obtain an additional copy of this page from the school.

FAMILY INFORMATION:

INFORMATION	FATHER	MOTHER	LEGAL GUARDIAN (Legal Documents Required)
Name:			
Address:			
Home Phone #			
Work Phone #			
Cell #			
Email			
Employer			
Occupation			
Religious Affiliation			
Baptized SDA			
If SDA Member: Indicate church			

Language spoken at home: _____

Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Widow ☐ Single

Applicant(s) lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian

Are there any custody, visitation, or protection issues that Chilliwack Adventist Christian School should be aware of? ☐ Yes ☐ NO

(If yes, please discuss with the Principal – documentation may be required)

Forms required: Proof of address (Hydro bill, tax assessment, etc.); and proof of citizenship or legal residency of parent (passport if Canadian, birth certificate if Canadian, permanent residency cards, student/work visa, etc.) This is required for only one parent.

EMERGENCY CONTACT: (If parent/guardian cannot be reached)

Name:	Relationship to family:
Home Phone:	Work Phone:
Cell Phone:	

MEDICAL INFORMATION:

Family Doctor:	Phone:
Family Dentist:	Phone:
Other Medical Professional:	Phone:
Please indicate if there are any medical conditions that we should be aware of (allergies, asthma, diabetes, etc.)	

MEDICAL TREATMENT AUTHORIZATION

In case of emergency, I give permission for my child to be taken by ambulance (at my cost) or vehicle to the hospital.

In case of emergency, I give permission to the Physician (selected by the Chilliwack Adventist Christian School Principal, Teacher, or other available Chilliwack Adventist Christian School representative) to secure proper care for my child, such as hospitalization, x-ray, or other treatment as the Physician deems necessary.

Parent's Signature

Date

PARENTAL COMMITMENT

In making this application:

1. I agree with the mission, philosophy and rules of Chilliwack Adventist Christian School as outlined in the Parent and Student Handbook, which may be found on the school website:

<http://an6848.adventistschoolconnect.org/article/6/student-handbook>

2. I understand that the grade placement of my child will be made upon the recommendation of the principal/ teacher.

3. If my child becomes subject to disciplinary action, I understand that I will be given the opportunity to discuss disciplinary matters affecting my child with the principal/ teacher, or the CACS school board according to the school discipline procedures policy.

4. I understand that I must communicate with the principal/ teacher to report any situations affecting school attendance promptly or in advance when possible.

5. I understand my financial commitment and will immediately notify the principal/ teacher if I cannot meet that commitment.

6. I understand that the school reserves the right to dismiss any students who do not respect the standards of the school or cooperate in the education process.

7. To the best of my knowledge, the above questions are complete and correct.

Parent's Signature

Date

1. I consent to having Chilliwack Adventist Christian School collect personal information that may include student identification information, birth certificate, and legal guardianship, court orders if applicable, parent's work numbers and email address behavioural, academic and health information, most recent report card, emergency 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 Chilliwack Adventist Christian School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Chilliwack Adventist Christian School. (2) For additional purposes identified when or before personal information is collected and (3) as otherwise provided in the BC Conference and Chilliwack Adventist Christian School'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 Chilliwack Adventist Christian School, and to all as required by law.

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 Chilliwack Adventist Christian School is the principal, Mrs. Melanie Adams, and she may be reached at 604-792-8344.

Signature: _____

Date: _____

2. I consent to having photographs, videos, and work samples of my child (children) used by Chilliwack Adventist Christian School and the BC Conference Office of Education:

a. for use in the Chilliwack SDA Church and school families (examples: newsletters, videos, yearbook, etc.) _____ (Y/N)

b. for promotional material for the school (examples: Messenger ad, community ads, etc.) _____ (Y/N)

c. for internet websites (examples: school websites, etc.) _____ (Y/N)

Signature: _____

Date: _____

Please Note: Any misleading or inaccurate information may render this application null and void, with enrolments resulting from this application being terminated.

Playground Permission Form:

I give permission for my child(ren):

(Student names - printed)

To participate in various school activities at the public playground/ park on Oak Street, as well as the Hope River Trail, throughout the school year. Specific dates and times to be determined by the teacher.

Name of Parent or Guardian (printed)

Parent or Guardian

Date

FINANCIAL AGREEMENT

REGISTRATION FEE

The registration fee is **\$150 per student**. Early registration fee is **\$100 per student**. You must register your child(ren) by March 1st, 2026 in order to take advantage of this reduced rate. This annual fee is non-refundable, and is used to cover costs required by students: i.e. student accident insurance and textbooks.

SCHOOL SUPPLIES FEE

The supply fee is **\$80 per student**. It covers student supplies needed during the year. Items NOT covered by the student supply fee are backpacks, lunch kits, and non-marking indoor shoes. Fees for registration and student supplies are due at the time of registration and must be paid before entering school.

TUITION FEE

Tuition is due on the first business day of the month. Payment by ten post-dated cheques is preferred. These are encouraged, as they represent a convenience to the parent and have no accompanying cost to the school. (Method of Payment: Post-dated cheques)

Tuition per month	
Kindergarten Student	\$120.00 - free if student stays for the full year.
1 child in grade 1 (or higher)	\$205.00
2 children in grade 1 (or higher)	\$190.00/child
3 children in grade 1 (or higher)	\$180.00/child
4 children in grade 1 (or higher)	Free

Child's SIN #:

I understand my financial commitment and will immediately notify the Teaching Principal if I cannot meet that commitment.

Telephone #(s)

Postal Code