

# ENROLLMENT APPLICATION



## Enrollment

Family Name:

Date of Application:

## Parent Checklist

Please include the following with your application:

- Copy of Birth Certificate or Immigration papers of the child and parent
- Details of resident status (passport, study permit, etc.) for students born overseas
- Copies of School Reports (recent 2 years)
- Application Fee

## Office Use Only

Accepted by Admissions Committee      Date received:

Accepted by Finance Office

Application:    Accepted    /    Denied  
Start date:

## Student Enrollment

Student's Name: \_\_\_\_\_  
(Last Name) (First Names)

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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

Student lives with:  Both Parents  Mother  Father  Guardian  Other

Are there any custodial or legal arrangements of which the school should be aware? (Copy of court/custodial documents may be required) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Desired Level of Entry:  Gr. 6  Gr. 7  Gr. 8  Gr. 9

Is ESL support required?  Yes  No

Has the student received Special Education?  Yes  No

Has the student received Specialist Services?  Yes  No

Does the student have any Specialist reports? e.g. Psychological, Speech, etc.  Yes  No

Has the student been diagnosed with ADD or ADHD?  Yes  No

Disabilities: e.g. Intellectual, physical, behavioural disorder. (please provide details)

\_\_\_\_\_  
Learning Difficulties: (please provide details.)

\_\_\_\_\_  
Special Gifts/Talents: (please provide details.)

\_\_\_\_\_

## Schooling

How is the student managing at School?

Academically:     V/Good  Good  Average  Poorly  V/Poorly

Socially:         V/Good  Good  Average  Poorly  V/Poorly

Current School: \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Has the student ever been asked to leave a school or been refused enrollment?  Yes  No

If yes, please state reason: \_\_\_\_\_

**Parent/Guardian –  
Father**

**Father/Guardian**  Mr  Dr  Pastor

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

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

\_\_\_\_\_

Country of Birth: \_\_\_\_\_

Language: (if other than English) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Marital Status:  Single  Married  Separated  Divorced  Widowed

**Parent/Guardian –  
Mother**

**Mother/Guardian**  Mrs  Ms  Miss  Dr  Pastor

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

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

\_\_\_\_\_

Country of Birth: \_\_\_\_\_

Language: (if other than English) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Marital Status:  Single  Married  Separated  Divorced  Widowed

## Church

Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

Church currently attending: \_\_\_\_\_

Pastor/Minister: \_\_\_\_\_

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

Involvement:  High  Medium  Low

Religion: \_\_\_\_\_

Applicant baptized    Membership held at: \_\_\_\_\_

## Comments

Why do you want your child/children educated in a Christian school?

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Why did you choose Genuine Learning Academy?

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Where did you hear about Genuine Learning Academy?

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## Residency Declaration

To be completed and signed by a parent or legal, court-appointed guardian. Legal guardians must attach a copy of the court order appointing him and/or her as the legal guardian.

Parent/Legal Guardian's Full Legal Name: \_\_\_\_\_

The parent/legal guardian named above is: (please check one)

- A Canadian citizen - born in Canada (attach copy of birth certificate)
- A Canadian citizen - not born in Canada (attach copy of citizenship paper/card)
- A landed immigrant - attach copy of the landed immigrant status paper/card
- Lawfully admitted into Canada - under one of the following documents (attach copy):
  - Admitted as a refugee claimant
  - Student authorization (Student Visa) for two or more years (issued for one year but anticipated to be renewed for one or more additional years)
  - Employment authorization (working permit) for two or more years (issued for one year but anticipated to be renewed for one or more additional years)
  - A person carrying out official duties as a diplomat or consular official (with a foreign representative acceptance counterfoil in his/her passport)
  - Other - Document description (must be cleared with Immigration Canada)  
\_\_\_\_\_

The parent/legal guardian named above is a resident of British Columbia: (please check one)

- Yes  No

Parent/Legal Guardian signature: \_\_\_\_\_

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

## Medical – Form A

Student's Personal Health Number (Care Card): \_\_\_\_\_

Private Insurance Information (International Students): \_\_\_\_\_

Please attach a copy of immunization records.

Does the student have any medical conditions, or history, of which we should be aware? (i.e. heart condition, diabetes, asthma, severe allergies, etc.)  Yes  No

If yes, please provide details: \_\_\_\_\_

In cases of asthma, epilepsy, etc. please provide date of last incident: \_\_\_\_\_

Is the student taking any medication on a regular basis?  Yes  No

Has the student received Special Education?  Yes  No

If yes, please provide the name(s) of medication: \_\_\_\_\_

Will the student need to take this medication while at school?  Yes  No

Please note that the school cannot administer any medications without written parental/guardian permission.

Please use this space if there is anything else you want us to know about the student:

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### Emergency protocol

In the event any student requires assistance in a medical emergency, every effort will be made to inform the parent/guardian immediately. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parent(s)/guardian(s) until successful.

## Medical – Form B

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

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (#1): (If unable to reach parents) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact (#2): (If unable to reach parents) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **Emergency Protocol**

In the event any student requires assistance in a medical emergency, we will take action as deemed necessary. Every effort will be made to inform the parent/guardian immediately.



## Declaration

Genuine Learning Academy (GLA) is a non-denominational Christian school dedicated to providing Christ-centered education to middle schoolers from across Fraser Valley. Through Christ and prayer, GLA offers tuition-free education to all students.

GLA curriculum bases its core upon God's grace and mercy, and it's reflected in all of our teachings and decision-making. Our educational model caters to each student's ability, interests, and goals. We believe our teachers and staff are morally obligated to be knowledgeable, interactive, and attentive to each student. Thus, our students experience a positive space to explore our comprehensive program. GLA owe it to our students and community to lead by example as we live by faith in the Almighty God.

Our customized learning approach seeks to inspire and engage students to identify their God-given talents. GLA is a safe, loving, creatively-stimulating environment that fosters character building through God's word. GLA encourages students to be active participants in their learning path, and in doing so, become young Christian Leaders.

GLA is family-oriented, and as a family, we support each other. For this reason, GLA parents will be required to make a commitment of service to the school regularly.

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I agree to support the mission, philosophy, vision and practices of Genuine Learning Academy and be responsible for the payment of all fees. I am aware the Application Fee is not refundable. I understand that acceptance of my child/children will depend on the outcome of an interview and availability of places in the school, and that this Enrollment Application does not ensure enrollment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Father/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Mother/Guardian)

*All information collected is treated in accordance with the school's Privacy Policy, which is available upon request from the Registrar. Any misleading or inaccurate information may render this application null and void, with enrolments resulting from this application being terminated.*

## Privacy

I consent to having Genuine Learning Academy collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioral, 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 GLA (1) for the purpose of establishing, maintaining, and terminating the student's or parent(s)'s relationship with GLA, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in GLA's Personal Information Privacy Policy, a copy of which is available upon request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of GLA.

This information is required in order to register your child at this school and assist the school administration 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 is the Principal.

Parent Initials: \_\_\_\_\_

Do you give permission for videos/photos to be taken at school of your child/children and/or work samples to be used by the school for promotional/publication purposes?  Yes  No

## 2019/2020 Domestic Fee Schedule

- **Registration Fee**

Regular rate \$150

\*Registration fee is non-refundable.

- **Tuition Fee**

**FREE**

<b>Canadian Citizen/Permanent Resident</b>	<b>FREE</b>
IT (tablet and Jgoals)	\$300

\* *School hours are from 8:30am-3:05pm*

\*\* *Field trip fees are separate costs, which students pay for.*

### Why Does GLA Provide Free Tuition?

As a Christian school, GLA aspires to be God's hands and feet to spread the Gospel of Jesus Christ, and thus, GLA is open to every student regardless of their background and financial status. GLA believes God has given GLA a mission to take a leap of faith and offer free tuition education.

GLA wants to follow the footsteps of Jesus Christ. Jesus fed and satisfied 5,000 people with only 2 fish and 5 loaves (John Chapter 6), which is the way of the heavenly, and of the world. GLA dedicates itself only to the hands of God by removing fixed tuition fees, and GLA firmly believes that God will open doors to provide for the school. Thereby, God will be glorified and GLA will be able to provide genuine Christian education to all students.

GLA welcomes like-hearted people to join this wonderful cause in any way possible: generous gifts, donation, volunteer work and prayer. Please help us provide tuition free education to young Christian leaders who will change the world for the Kingdom of God.

# FINANCIAL APPLICATION

## Account

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

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

Legal Guardian (if applicable): \_\_\_\_\_

Person Responsible for Account/Tuition:

name: \_\_\_\_\_

signature: \_\_\_\_\_

Current (Canadian) Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## Method of Payment

Method of payment:  Credit Card  Pre-authorized VISA/MC  Wire Transfer/Draft

Credit Card:  VISA  MC # \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

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

\*If paying with Pre-authorized Debit, please fill out, SIGN, and submit the pre-authorized debit form with a void cheque attached to it.

**STUDENT COVERED ON THIS ACCOUNT**  
**(list students in DESCENDING order by**  
**grade):**

LAST Name, FIRST Name	Grade	Reg. Fee	IT Fee
<b>TOTAL</b>			

<b>Mailing Address (Foreign)</b>	
Street:	_____
City:	_____
Province:	_____
Postal Code:	_____
Telephone:	_____

<b>Office Use Only</b>				
	Date	Amount	No.	Initial
General fee paid:	_____	_____	_____	_____