

Application for Admission

16520 24th Street SW Calgary, AB T2Y 4W2 (403) 254-9050
www.gcaschool.ca



STUDENT INFORMATION

Application for Grade: _____ School Year: September 20 _____ (Applications accepted up to 1 year in advance)

Student's Legal Name: _____
Surname First Middle

Student's Common Name (If different from above): _____

Birth Date: _____/_____/_____ Male Female

Address: _____ City _____ Postal Code _____

Home Phone: _____ Alberta Health Care #: _____

Alberta Education Student Identification Number (Grades 1-9): _____

Citizenship: Canadian Landed Immigrant Permanent Resident Other _____

A copy of provincially issued Canadian birth certificate or visa/immigration documentation is required for all students.

PARENT INFORMATION

Father's Name: _____ Father's email address: _____

Father's Address (if different): _____ City: _____ Postal Code: _____

Home Phone: (if different): _____ Business Phone: _____ Cell Phone: _____

Mother's Name: _____ Mother's email address: _____

Mother's Address (if different): _____ City: _____ Postal Code: _____

Home Phone: (if different): _____ Business Phone: _____ Cell Phone: _____

OFFICIAL USE ONLY

Admission Date: _____ School Year: _____ Grade: _____

Report Card: _____ Application Fee: _____ Birth Certificate: _____ Citizenship: _____

Withdrawal: _____

Comments: _____ Principal's Signature: _____

PERSONAL INFORMATION

Child is living with: Parents Mother Father Legal Guardian

Guardian's Name (if applicable): _____

Guardian's Address (if applicable): _____

Guardian's Phone (if applicable): Home: _____ Business: _____ Cell: _____

Emergency Contact Person (other than parent(s)): _____

Emergency Contact Phone: Home: _____ Business: _____ Cell: _____

Relationship to Student: _____

Do you have other children at GCA? Yes No If yes, Name and Grade: _____

SCHOOL HISTORY

Current School: _____ Grade: _____

School Address: _____

City: _____ Postal Code: _____ Dates of Attendance: _____

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Previous School: _____ Grade(s): _____

Dates of Attendance: _____

CONDUCT: Has your son/daughter ever been required to withdraw (involuntarily) from a school? Yes No

CHURCH INTEREST

Do you regularly attend a church?: Yes No Where?: _____

If "Yes", how long have you attended on a regular basis?: _____
("Regular" is defined as an average of 3 times/month)

Do you hold a membership in a church?: Yes No Where?: _____

Previous church attendance: _____

SPECIAL EDUCATION

HAS YOUR CHILD BEEN RECOMMENDED FOR OR RECEIVED THE FOLLOWING:

- Remedial Instruction?: Yes No If yes, When?: _____
- Learning Strategies?: Yes No If yes, When?: _____
- Special Education?: Yes No If yes, When?: _____
- Learning Disabilities Placement?: Yes No If yes, When?: _____

HAS YOUR CHILD BEEN DIAGNOSED AS HAVING ANY OF THE FOLLOWING:

- ADD (Attention Deficit Disorder?): Yes No
- HD (Hyperactivity?): Yes No
- Specified Learning Disability?: Yes No
- Significant physical or sensory handicaps?: Yes No
- Identified syndromes (Down Syndrome, Fragile-X, Aspergers)?: Yes No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE SPECIFY THE DETAILS BELOW:

NOTE: Due to the academic nature of the program at Glenmore Christian Academy, it is recognized that some children may not be able to achieve the standards expected for them at that grade level. When, in the opinion of the administration, the student's educational, emotional or physical needs cannot be met within the regular classroom and available resource program, the parent WILL NOT BE PERMITTED to re-register his/her child for the following school year.

MEDICAL HISTORY

Allergies: _____

Epilepsy, Haemophilia, Etc.: _____

Other Significant Medical History: _____

REASON FOR APPLICATION

(Please indicate the reason(s) for your interest in Glenmore Christian Academy)

STATEMENT OF COMMITMENT

Because the education of children is a cooperative venture between parents and the school, I/we agree to abide by the policies and regulations of Glenmore Christian Academy as set forth by the GCA Board of Directors and agree to uphold the decisions of the school administration.

(parent's signature)

(parent's signature)

(student's signature, Gr. 4-9)

(date of application)

PLEASE INCLUDE THE FOLLOWING:

- 1. **Completed application form**
- 2. **Copy of provincially issued Canadian Birth Certificate or Visa/Immigration documents**
 - a. Kindergarten students must be five (5) years of age by December 31 of each year
 - b. Grade one students must be six (6) years of age by December 31 of each year
- 3. **Copy of latest report card** (except Kindergarten applications)
- 4. **\$100 application fee** per student (non-refundable)

Is this a re-submission of a previous student application? Yes No

Would you be willing to have your child transfer to GCA during the school year? Yes No

Our Mission

To educate children in a dynamic Christian environment dedicated to excellence in learning and life development.