



## ACADEMIC HISTORY

1. List previous school(s) attended, starting with the most recent.

School	Years Attended	Phone	Teacher
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

2. Does the student have any academic concerns? Has your child benefited from an IPP program or had any extra help for tests/class work in any previous years? Are there any concerns in any specific subject?

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3. Does the student have any social concerns of which the school should be aware?

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4. Does the student have any emotional concerns of which the school should be aware?

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5. List student's interests and hobbies (e.g. soccer, piano, etc.)

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6. Is there any additional information which you would be prepared to disclose that would be beneficial for the school to know?

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7. We give permission to share mailing information with Christian post-secondary institutions for their use in contacting our child.

\_\_\_\_\_ yes      \_\_\_\_\_ no

8. We give permission to share our phone number on a parent phone list. \_\_\_\_\_ yes      \_\_\_\_\_ no

9. We give permission for the use of any photographs of our child(ren) on the school website and any other promotional material prepared by Central Alberta Christian High School both during the time our child(ren) attend the school and after graduation.

\_\_\_\_\_ yes      \_\_\_\_\_ no

**Sibling(s) registered in this school or any other schools:**

Name	Where Registered	Grade Entering
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please state briefly your reasons for wishing to enroll your child(ren) at our school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of transportation to school \_\_\_\_\_

**MEDICAL INFORMATION (CONFIDENTIAL)**

**Please provide all information requested below:**

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

Alberta Health Care Number: (9 digits) \_\_\_\_\_

Does the student have any of the following? (Please check)

Diabetes \_\_\_\_\_ Vision Problems \_\_\_\_\_ Epilepsy \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Condition \_\_\_\_\_

Contact Lenses \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Allergies - Mild \_\_\_\_\_ Severe \_\_\_\_\_

Please specify allergies \_\_\_\_\_

Please specify any long term medication \_\_\_\_\_

Are there any other health concerns we should be aware of? \_\_\_\_\_

Are there any special arrangements required to accommodate the student? Please specify.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child able to participate in a full physical program? \_\_\_\_\_

If 'no', an exemption note from your family physician will be required, since Physical Education 10 is a compulsory subject. If conditions change during the year, please inform the school.

## **CACHS's Privacy Commitment**

Central Alberta Christian High School is committed to respecting the privacy of your personal information. This Privacy Commitment describes our privacy policy and practices and how we collect, use and disclose personal information of our students.

### **What is Personal Information?**

Personal information means information about an identifiable individual.

### **What Personal Information Do We Collect?**

We collect the information that is requested from you on the registration form that is attached to this Privacy Commitment document.

### **Why Do We Collect, Use and Disclose Personal Information?**

CACHS collects, uses and discloses personal information to:

- Identify your child
- Meet the legal and regulatory requirements of Alberta Learning.
- Have references that may be used to provide information regarding your child's suitability for enrollment.
- Assist CACHS in providing information that you may want to share with us in regard to your child in order to help teachers in developing programs for them.
- Ensure that you meet our enrollment criteria in regards to living as Christians.
- Have available information that will assist us, and medical personnel in case of medical emergencies.
- Determine if your family is eligible for reduced tuition, based only on whether the family has other children in Christian schools that require a tuition fee.

### **How is Your Personal Information Protected?**

Student information is collected in a "Student Record Portfolio" that is stored and locked. CACHS's "Student Records Policy" describes the guidelines for access, record retention and security of student records. This policy reflects Alberta Learning's "Guidelines to Accompany the Alberta Education Student Record Portfolio." This policy is available for your perusal at the CACHS office.

### **Privacy Consent:**

I/We, \_\_\_\_\_, consent to allow CACHS to release, collect, and use or disclose personal information for its operational and administrative purposes.

I/We understand that CACHS is subject to provincial and federal privacy legislation and has in place a Policy on Privacy to ensure compliance with privacy legislation and standards. (available in the office)

I/We are aware of the risks and benefits associated with consenting or not consenting to collection and that I/we may revoke my/our consent at any time by providing a signed, written statement of revocation to CACHS.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Aboriginal Self-identification

If you wish to declare the student is Aboriginal, please select one:

First Nation (status) \_\_\_\_\_ First Nation (non-status) \_\_\_\_\_ Metis \_\_\_\_\_ 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 Central Alberta Christian High School, please contact the school's principal, Mr. Peter Hoekstra, at 403-782-4535.

The education of a student enrolled at CACHS is the school's responsibility for the complete school year. If during that school year a student is expelled, he/she may attempt to enroll in another high school, although there is no obligation for them to do so for that specific year. Our response to expulsion will be that we will aid the student in enrolling in Distance Learning courses. The parents will assume the responsibility for supervision and for providing the facilities for course completion. Tuition will be refunded from the end of the month that the expulsion occurred.

We understand these conditions and will abide by them.

\_\_\_\_\_  
Parent/Guardians Signature

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

### **STUDENT COMMITMENT: (to be completed by student)**

I understand the purpose of this school. If accepted, I will try my best to abide by the policies of the school, and will support the school's aim to provide a Christian atmosphere and learning program.

\_\_\_\_\_  
(Student Signature)

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

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### **PARENTS OR GUARDIANS COMMITMENTS:**

In making this application, I understand and agree with the purpose of the school and indicate that I enroll my child because of my earnest desire that my child receives a Christ-centered education. If my child is accepted by the school, I agree to support the constitution and by-laws of the society, the policies of the school board and will submit to the authority invested by the board in the principal and classroom teachers.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date