



## Cariboo Adventist Academy

1405 South Lakeside Drive, Williams Lake BC V2G 3A7

Phone: (250) 392-4741 Fax: (250) 392-6583

Email: [office@caa-bc.ca](mailto:office@caa-bc.ca) Web: <http://www.caawl.ca>

---

## REGISTRATION PROCEDURES

- Request an informal meeting with the Principal. Please call us directly on 250-392-4741 or send an email to: [principal@caa-bc.ca](mailto:principal@caa-bc.ca)
- Complete and return the Student Registration Forms package.
- ONLY FOR NEW STUDENTS - Bring your child's **Birth Certificate, BC Care Card and a Proof of Residence** (can be a utility bill) in to the office to be copied for student's file. (requires by law).
- Students that are coming from a previous school need to obtain a request of student's records and the lasts report cards.
- Go to the Treasure Office for payment of enrolment fee.
- All information collected on this forms will be used by CAA in accordance with the Personal Information Protection Act.



## Cariboo Adventist Academy

1405 South Lakeside Drive, Williams Lake BC V2G 3A7

Phone: (250) 392-4741 Fax: (250) 392-6583 Email: [office@caa-bc.ca](mailto:office@caa-bc.ca)

Web: <http://http://www.caawl.ca>

### STUDENT REGISTRATION FORM

DATE: \_\_\_\_\_

Surname: \_\_\_\_\_

Grade Applying for: \_\_\_\_\_

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

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

Birthplace: \_\_\_\_\_

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

The student is:

Gender: Female ☐ Male ☐

A Canadian citizen ☐ A landed immigrant ☐

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

Status Indian/Metis ☐ On a student visa ☐

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

Photocopy of Birth Certificate: Yes ☐ No ☐

City: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Field Trip Permission: Yes ☐ No ☐

Home Phone # ( ) \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

### Parent Contact Information

Father Surname: \_\_\_\_\_

Mother Surname: \_\_\_\_\_

Father Given Name: \_\_\_\_\_

Mother Given Name: \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Custody: Yes ☐ No ☐

Custody: Yes ☐ No ☐

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

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

Work Phone # ( ) \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_

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

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

**Medical Information**

Doctor: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

BC Care Card #: \_\_\_\_\_ Call Ambulance: Yes          No

Use this space to provide any information on serious allergies, prescription medication, life threatening, medical conditions or any other information that you feel we should have. The child has required medication, it should be provided to the school office labelled.

---

---

---

Emergency Contact (other than parents, if parents are not available)

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

Home Phone # (    ) \_\_\_\_\_ Cell Phone # (    ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Has your child had a referral or received any kind of testing/diagnosis for a behavioural/learning/ Psychiatric/physical disorder or conditions? (i.e.: learning disability, ADHD, PDD, IEP, autism, FASD, anxiety, gifted...) Please give details.

---

---

Will your child be able to participate fully in Physical Education? If no, please give details.

---

---

Parent's Pledge: I agree to work with the staff of CAA to uphold the policies in the Student Handbook.

---

**Parent's Signature**

Student's Pledge: I agree to abide by the policies of the CAA Student Handbook.

---

**Student's Signature**

**Office Use Only:**

Date Application Received: \_\_\_\_\_

Financial Agreement: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_



## Cariboo Adventist Academy

1405 South Lakeside Drive, Williams Lake BC V2G 3A7

Phone: (250) 392-4741 Fax: (250) 392-6583 Email: [office@caa-bc.ca](mailto:office@caa-bc.ca)

Web: [http:// http://www.caawl.ca](http://http://www.caawl.ca)

### Status of Parent/Guardian – Admission to Canada and Residency – Form A

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

(Lawfully Admitted into Canada)

1. I am (please ✓ one):

☐

A Canadian citizen (please attach a copy of parent's birth certificate or citizenship paper/card).

☐

A Permanent Resident (please attach a copy of parent's landed immigrant status paper or Permanent resident card).

☐

Lawfully admitted to Canada under the Immigration and Refugee protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach a copy of document):

☐

Admission as a refugee or refugee claimant.

☐

Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).

☐

Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).

☐

A person carrying out official duties under the authority of the Visiting Forces Act or as accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.

☐

Other-document description: (must be cleared with citizenship and Immigration Canada):

(Residency in British Columbia)

2. I am a resident of British Columbia (please ✓ one)

☐

Yes, Residency Address: \_\_\_\_\_

*(Attach a recent copy of a utility bill, mortgage document, rental agreement or tax assessment, etc.)*

☐

No, I am not a resident of British Columbia.

3. Parent/Legal Guardian's name: \_\_\_\_\_

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

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

#### For Office Use Only

Proof of Residency: \_\_\_\_\_ (initial)

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

\*All information collected on this form will be used solely by CAA in accordance with the Personal Information Protection Act.



## Cariboo Adventist Academy

1405 South Lakeside Drive, Williams Lake BC V2G 3A7

Phone: (250) 392-4741 Fax: (250) 392-6583 Email: [office@caa-bc.ca](mailto:office@caa-bc.ca)

Web: <http://www.caawl.ca>

### Freedom of Information Consent Form

1. I consent to having Cariboo Adventist Academy collect personal information that may include student identification, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email 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 other wise collected by or on behalf of Cariboo Adventist Academy (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Cariboo Adventist School (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in the BC Conference and Cariboo Adventist Academy 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 which may be stored on servers outside British Columbia, by and to agents, contractors and service providers of Cariboo Adventist Academy.

*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 Cariboo Adventist Academy is the Principal and may be reached at 250-392-4741.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. I consent to having photographs and work samples of my child(ren) used by Cariboo Adventist Academy in the Yearbook, newsletters and other promotional material for the school or the BC Conference Office of Education.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. The school may prepare a family phone list (car pool list, class list, etc.) for a family phone directory. If you DO NOT want your phone number and address included, please indicate: No ☐

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Cariboo Adventist Academy acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy and student personal information.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*All information collected on this form will be used solely by CAA in accordance with the Personal Information Protection Act.



## Cariboo Adventist Academy

1405 South Lakeside Drive, Williams Lake BC V2G 3A7

Phone: (250) 392-4741 Fax: (250) 392-6583 Email: [office@caa-bc.ca](mailto:office@caa-bc.ca)

Web: [http:// http://www.caawl.ca](http://http://www.caawl.ca)

---

### Parent Code of Conduct Agreement

The environment which CAA seeks to create is one which reflects the Christians values and principles upon which the school is founded and operated. These include respect, kindness, regard for the well-being of others, truthfulness and patience. As Christians, we believe that each person is a unique creation and child of God, and strive to build each other up, avoiding language or behavior such as gossip, spreading rumours, divisiveness, accusations, laying blame, spreading discontent, and discrimination in any form.

Student or parents who choose not to abide by these principles, as evidenced by their behavior and interactions with others students, parents, CAA teachers and staff, may forfeit the privilege of enrollment.

As a parent/guardian of a student enrolled at Cariboo Adventist Academy, I agree to the following Code of Conduct.

- I agree to conduct myself according to Christian values and principles when interacting with administration, teachers and staff, other parents, and students.
- I agree to support the rules and regulations of the school and work cooperatively with teachers and administration so that CAA can provide a positive Christian learning.
- In the case of a conflict or difference of opinion with teachers or administration, I agree to follow the Parent/Teacher Conflict Resolution Process contained in the CAA Handbook.

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## Cariboo Adventist Academy

1405 South Lakeside Drive, Williams Lake BC V2G 3A7

Phone: (250) 392-4741 Fax: (250) 392-6583 Email: [office@caa-bc.ca](mailto:office@caa-bc.ca)

Web: [http:// http://www.caawl.ca](http://http://www.caawl.ca)

Student's Name: \_\_\_\_\_ Grade upon admission: \_\_\_\_\_

Please give a brief history of your child's education including any disciplinary actions (previous school, home schooling, etc.)

---

---

---

---

---

Are there any physical or medical conditions that will affect learning or behavior? If so, describe:

---

---

---

---

---

Is your child presently seeing (or has seen in the past) any of the following community or resource persons? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, please indicate.

- \_\_\_\_\_ Speech Therapist
- \_\_\_\_\_ Child/School Psychologist
- \_\_\_\_\_ Private Tutor
- \_\_\_\_\_ Crisis and counseling Centre
- \_\_\_\_\_ Psychiatrist
- \_\_\_\_\_ Attention Deficit Hyperactivity Disorder Specialist
- \_\_\_\_\_ English as Second Language Teacher
- \_\_\_\_\_ Hearing Therapist
- \_\_\_\_\_ Learning Assistance Teacher
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Please explain why you wish to enroll your child at Cariboo Adventist Academy.

---

---

---

---

If your child is accepted into CAA, what do you expect from the school?

---

---

---

---

Do you consider yourself a Christian family? No \_\_\_\_ Yes \_\_\_\_ If Yes, please describe how Christianity influences your family. (Church attendance, involvement in religious activities, lifestyle, etc.) If No, please indicate your feelings regarding your child being taught Christian lifestyle and beliefs from a Seventh-day Adventist perspective.

---

---

---

*Please attach a copy of the student's most recent report card. The application cannot be processed until the report card is brought in.*

I hereby certify that all information I have provided is accurate and complete to the best of my knowledge and I give permission for Cariboo Adventist Academy to make enquiries for reference purposes as a part of this application process in accordance with the CAA Admission Policy and Enrolment procedures.

I recognize that providing incomplete or misleading information will be just cause to end my child's enrollment at CAA.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\*All information collected on this form will be used solely by CAA in accordance with the Personal Information Protection Act.