

# FAITH ACADEMY

## STUDENT APPLICATION 2011-2012

Date of Application:	www.faithacademy.ca highschool.office@faithacademy.ca	<b>FOR OFFICE USE ONLY</b>
		Date Received
		Tuition Received
High School/Elementary, 437 Matheson Ave. Winnipeg, MB R2W 0E1 (204) 582-3400 Fax: 582-2616 Middle School, 600 Jefferson Ave., Winnipeg, MB R2V 0P2 (204) 338-6150 Stonewall, Box 1669 Stonewall, MB R0C 2Z0 (204) 467-5833 Pritchard Centre, 220 Pritchard Ave., Winnipeg, MB R2W 2J1 (204) 589-6885		Date Approved
		Sr. High Approval
		Administration Approval
		Letter of Acknowledgement
<p><b>New students must submit a copy of their most recent report card (K-12) and a transcript (grades 10-12). <u>New</u> students entering grades 7-12 must fill out the supplementary information.</b></p>		Letter of acceptance
		Copies made
		Database updated
		International Student

Student 1 to be enrolled (please print clearly)									
First name	Middle name	Last name	M	F	Birthday			Enrolling Grade	
					Day	Month	Year		
Enrollment Campus	<input type="checkbox"/> Matheson Campus Grades K-4, 9-12	<input type="checkbox"/> Jefferson Campus Grades 5-8	<input type="checkbox"/> Pritchard Campus Grades K-4		<input type="checkbox"/> Stonewall Campus Grades K-8				
Medical Information	<input type="checkbox"/> Life threatening allergies	<input type="checkbox"/> Epi-pen	<input type="checkbox"/> Medications						
Other please specify:									
9 digit personal Health ID no:			6 digit Manitoba Health Registration No:						
NEW applicants: What was the last school attended?									
If your child received any resource programming, please provide a contact: Contact Name:								Phone:	

Student 2 to be enrolled (please print clearly)									
First name	Middle name	Last name	M	F	Birthday			Enrolling Grade	
					Day	Month	Year		
Enrollment Campus	<input type="checkbox"/> Matheson Campus Grades K-4, 9-12	<input type="checkbox"/> Jefferson Campus Grades 5-8	<input type="checkbox"/> Pritchard Campus Grades K-4		<input type="checkbox"/> Stonewall Campus Grades K-8				
Medical Information	<input type="checkbox"/> Life threatening allergies	<input type="checkbox"/> Epi-pen	<input type="checkbox"/> Medications						
Other please specify:									
9 digit personal Health ID no:			6 digit Manitoba Health Registration No:						
NEW applicants: What was the last school attended?									
If your child received any resource programming, please provide a contact: Contact Name:								Phone:	

Student 3 to be enrolled (please print clearly)									
First name	Middle name	Last name	M	F	Birthday			Enrolling Grade	
					Day	Month	Year		
Enrollment Campus	<input type="checkbox"/> Matheson Campus Grades K-4, 9-12	<input type="checkbox"/> Jefferson Campus Grades 5-8	<input type="checkbox"/> Pritchard Campus Grades K-4		<input type="checkbox"/> Stonewall Campus Grades K-8				
Medical Information	<input type="checkbox"/> Life threatening allergies	<input type="checkbox"/> Epi-pen	<input type="checkbox"/> Medications						
Other please specify:									
9 digit personal Health ID no:			6 digit Manitoba Health Registration No:						
NEW applicants: What was the last school attended?									
If your child received any resource programming, please provide a contact: Contact Name:								Phone:	

Parent/Guardian Information										
Father's/Guardian last name			First name			Mother's/Guardian last name			First name	
Address: (Please provide primary residence of student)		Phone no:		Street name and number			City	Province	Postal code	
Father's phone:	Work		Cell	e-mail		Mother's phone:	Work	Cell	e-mail	
The student lives with:	Father		Mother		Guardian		Other (specify)			
Special Custodial Arrangements (if applicable, specify and provide contact restriction and copies of official documents upon acceptance to Faith Academy.										
Emergency Contact 1:	Name			Phone	Cell	Emergency Contact 2:	Name		Phone	Cell
Church you (Parent) are attending:					Attendance is: _____ rare _____ occasional _____ regular					

Please remember to advise the School of any changes in contact information.

Parental / Guardian Agreement		
This section must be filled out and signed by the parent or guardian of the student (s).		
Please read the following and indicate your agreement by placing a checkmark in the left box of each statement and provide signature at the bottom.		
<input type="checkbox"/>	I have read the Faith Academy School Guide completely. (available from the office or at faithacademy.ca)	
<input type="checkbox"/>	I agree to allow my child/children to be taught according to Faith Academy Doctrinal Statement of Faith.	
<input type="checkbox"/>	I agree to support the School's Codes of behavior, standards of conduct and standards of dress.	
<input type="checkbox"/>	I agree to actively involve myself in the academic success of my child by monitoring homework and communicating with the teaching staff.	
<input type="checkbox"/>	I have attached all required payments or have made an appointment with the Director of Financial Services regarding payment.	
<input type="checkbox"/>	I grant Faith Academy the irrevocable and unrestricted right to use photos and videos in connection with activities exclusive to the school's promotional material as well as the school's web site, newsletter, DVD videos, yearbook and other school related publications and electronic media. These images may appear in many formats, including (but not limited to) print, video formats and electronic/online media.	
Name:	Signature:	Date:

Transportation	
Does your child(ren) require transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Note that transportation is provided in a priority sequence in specific locations. Please review transportation guidelines for details.</i>	

Student Agreement (13 years or older) For Returning Students			
This section is to be filled out and signed by each prospective student in the family who is 13 years of age or older as of the first day of school. If more than one child from your family needs to respond, please attach a separate sheet with their signed and dated statements.			
Have you been saved?	Yes	No	If yes, give a brief testimony of your conversion.
Have you been baptized?	Yes	No	What is your religious or church background?
Student Name:		Signature:	Date:
When you sign your name above you are agreeing that you have read the School Guide completely, and are willing to submit to and be guided by the School Guide and the High School Handbook (where applicable). You are willing to submit to all the authorities of Faith Academy, and will not speak against the school.			