



Application for Admission

Instructions to applicants: Please complete all sections as indicated, including shaded areas.

Surname	Given name(s)	Gender	Grade to enter
Current address		Home phone	
		Date of birth (YYYY/MM/DD)	
		Citizenship status	
Mother's name	Mother's work phone	Mother's cell phone	
Father's name	Father's work phone	Father's cell phone	
Guardian's name	Guardian's work phone	Guardian's cell phone	
Custody status			
Other information			
Church affiliation (if applicable)			
Emergency contact name	Emergency contact home phone	Emergency contact work phone	
Relationship of student to emergency contact		Emergency contact cell phone	
Name of school previously attended		City, province of school previously attended	

To receive SCA calendars, newsletters, and other notices, please provide your email address.

Mother's email address
Father's email address
Guardian's email address



Name of student

Health and Safety Information

Instructions to applicants: Please provide complete and accurate health information.

Ontario Health Card #

Known allergic reactions

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect bites |
| <input type="checkbox"/> Medications: _____ | <input type="checkbox"/> Other: _____ |

Important: If a severe allergy is identified, parents are required to fill out an Anaphylaxis Emergency Plan form and to update it annually. Please inquire at the main office.

Known health conditions

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart condition: _____ | <input type="checkbox"/> Other: _____ |

Immunization records (choose one)

- I have attached a photocopy of my child's yellow immunization card to this form
- I have attached a copy of the immunization form provided by Sudbury District Health Unit (SDHU)

Important: Please also attach a photocopy of your child's birth certificate and Ontario health card.

Doctor's name

Doctor's phone

Doctor's office address

I promise that the information provided is true and complete. I authorize Sudbury Christian Academy to seek appropriate medical care for my child in the event of an emergency.

Initial



Name of student

Student Information

Instructions to applicants: Please complete all sections as applicable.

Discipline history

Has the student ever been suspended? Yes No

Has the student ever been expelled? Yes No

If "yes" to either, please explain:

Learning history

Is the student regularly medicated for ADD/ADHD? Yes No

Does the student have identified learning needs? Yes No

If "yes" to either, please explain:

Student interests

Extracurricular interests: _____

Student strengths: _____

Student weaknesses: _____

Reason for selecting SCA: _____



Name of student

Before and After School Supervision

Sudbury Christian Academy offers pay-per-use before and after school supervision each day from 07:45-08:00 and again from 15:15-17:00. In good weather conditions, supervision will take place outside in the main playground. In rainy or severe weather conditions, supervision will take place in the gymnasium.

Every student dropped off before 08:00 or picked up after 15:15 will be automatically invoiced for before and after school supervision for that day, regardless of age or grade. Families will be invoiced for time used in 15-minute increments rounded up (not down) and prorated as follows:

One child	\$10/hour
Two children	\$15/hour
Three children	\$18/hour
Four or more children	\$20/hour

Payment must be made by cash, cheque (payable to Sudbury Christian Schools), debit, or e-transfer (send to reception@scacademy.ca) remitted to the main office within one week of the invoice date.

Instructions: Please complete the following sections, even if you do not plan to regularly enrol your child in the before- and after-school club.

<input type="checkbox"/> I would like to receive my invoices by e-mail only. My preferred email for billing purposes is _____
<input type="checkbox"/> I would like to receive my invoices in paper copy only.

Authorized pick-up person	Relationship to student	Phone number
Authorized pick-up person	Relationship to student	Phone number
Authorized pick-up person	Relationship to student	Phone number

Important: All parents/guardians are required to sign in their child upon arrival in the morning and to sign out their child at pick-up time. This practice helps to ensure safety for the child and accuracy in invoicing. If the authorized pick-up person fails to sign the child in or out, the supervisor on duty will sign by proxy, and will strive to accurately reflect the time of drop-off or pick-up.

Please contact the main office (705-522-1649) if you have any questions.

Initial



Name of student

General Agreement

STANDARDS AND EXPECTATIONS

I acknowledge the basic standards of Sudbury Christians Academy (SCA), in that it will not tolerate profanity, obscenity in word or action, dishonour to the Word of God, or disrespect to the personnel of the school.

I hereby agree to authorize the school to employ such discipline as it deems wise and expedient for my child. I both understand and agree with the policies upheld by SCA in this regard (Proverbs 22:6).

Realizing that my attitude toward the teachers and policies of Sudbury Christian Academy affects the emotional and academic stability of my child, I support and uphold the ideals of the school in every way, and will abide by the policies and regulations of the administration, as outlined in the Parent/Guardian Handbook (1 Thessalonians 5:13).

At no time will I participate in destructive criticism of the staff or the school to anyone, but will, if a concern arises, go directly to the teacher or principal in a Christian manner, as outlined in the Parent/Guardian Handbook (Matthew 18:15).

EMERGENCY AUTHORIZATION

I authorize Sudbury Christian Academy to seek appropriate medical care for my child in the event of an emergency.

PEANUT-FREE LUNCH POLICY

I understand that Sudbury Christian Academy shares its building with other organizations, so it cannot guarantee a peanut-free facility, but that it makes every effort to ensure a safe environment for students with peanut allergies. I agree to pack peanut-free lunches for my child.

PERMISSION AND LIABILITY WAIVER

I give permission for my child to take part in all school activities including sports programs and school sponsored trips away from the school premises. I absolve the staff from all liability in the unlikely event my child is injured on school property or during any school activity. I exonerate Sudbury Christian Academy and its staff from responsibility in the event of an injury to my child, subject to scrutiny by the licensing government agency and/or the Public Health Department and its/their approval in the handling of the occurrence by staff.

RELEASE AND DISCHARGE FOR LIKENESS

I hereby grant permission to Sudbury Christian Academy to use my child's image or likeness, as is or as may be retouched or edited, for the purpose of print advertising and promotional materials, including (but not limited to) magazines and brochures; social media and the school website; CDs, DVDs, and other audio/visual records; fundraising and promotional materials; archival and academic records.

GRADE PLACEMENT AND ACADEMIC PROGRESS

I understand that Sudbury Christian Academy strives to place students in age appropriate and/or pedagogically appropriate grades, but that the teacher, in conference with the principal, might occasionally determine that an alternate placement is in the best interest of the student. This might mean accelerating a student to a higher grade, or it might mean holding a student back (i.e. to repeat a grade).

(Continued on next page)

Initial



Name of student

PAYMENT OF FEES

I understand that re-admission to Sudbury Christian Academy is conditional upon receipt by the main office of all tuition and fees owing for the previous year(s) in attendance.

I understand that the school will issue a written warning if one monthly payment is missed, and that my child will be automatically withdrawn from the school if two consecutive monthly payments are missed.

I understand that if I choose to withdraw my child from SCA for whatever reason, a thirty (30) day written notice must be provided to the main office prior to the date of withdrawal. I understand that I am obligated to pay tuition and fees owing for the month of withdrawal and for the following month (i.e. after withdrawal) in accordance with SCA's bookkeeping and fee processing schedule. Annual payment discounts do not apply with early withdrawal; the fee payment schedule will be recalculated to reflect the standard monthly rate.

I/We the undersigned do hereby acknowledge, and promise to abide by, this General Agreement, all other application guidelines, and the Parent/Guardian Handbook.

Signature of father/guardian

Date

Signature of mother/guardian

Date