



## LOCAL ADMISSION CHECKLIST

We thank you for your interest in seeking admission for your children at Lions Gate Christian Academy. All of the following forms must be **completed/signed and returned**, or the admission procedure cannot be finalized.

Application Form  
Legal Residency Form  
Student Medical Information Form  
Parents Pledge  
Impromptu Walking Field Trip Form  
Release and Storage of Personal Information Form  
LGCA Internet Computer Use Form  
Direct Payment Tuition Authorization Form

### **Provide the following documentation to support your application**

A copy of parent's passport, birth certificate, landed immigrant papers, PR or Visa  
A copy of student's passport, birth certificate, landed immigrant papers, PR or Visa  
A copy of the student's vaccination record  
A copy of the student's most recent report card  
Application fee of \$200.00 per student. This is a non-refundable fee

### **If applicable**

Copy of legal documentation  
\*Copy of all relevant reports ie. Psychoeducational Assessments, Individual Education Plans etc.  
*\*Failure to provide these document (if applicable), could jeopardize the application process*

Completed Bus Pass Authorization Form (*one per family*).

**\*PLEASE NOTE THAT THE BUS PASS AUTHORIZATION FORM IS ONLY TO BE COMPLETED IF YOUR CHILD IS USING THE SCHOOL BUS**

Following your submission and application forms, you will be contacted and notified of an interview date with the Registrar and the Principal.

The Registrar will inform you of the decision as to whether or not your application has been accepted.



# APPLICATION FORM

(This form must be completed by the parents or legal guardian. Please print.)

**Lions Gate Christian Academy**  
919 Tollcross Road  
North Vancouver, B.C. V7H 2G3  
(604)984 8226

## Student Details:

Entering School Year (YYYY-YYYY) : \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Legal Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Usual Name \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Birthdate (DD/MM/YYYY) \_\_\_\_\_

Gender: M  F

**Local Address:** \_\_\_\_\_

Church Attended by Student/Family \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Current School: \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Year attended \_\_\_\_\_

Indigenous Ancestry: Yes  No  If Yes, Status:  Off Reserve  Metis  Non Status Band Of Residence: \_\_\_\_\_

### Citizenship Status:

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Canadian Citizen

Permanent Resident/Landed Immigrant

Study Visa  Refugee

How did you hear about the school? \_\_\_\_\_

Has the student ever had any serious discipline problems or been suspended or expelled from school?:? Yes  No

If **Yes** please explain: \_\_\_\_\_

Has student every repeated a grade? Yes  No  Reason: \_\_\_\_\_

Does the student have any academic, mental, emotional, or physical difficulties? If **YES** please provide details (This will help us determine in what way we can best meet the student's needs) If there are any untruths or omissions, this could jeopardize the student's enrollment at Lions Gate Christian Academy.? Yes  No

What is the student's attitude towards spiritual matters?  
\_\_\_\_\_  
\_\_\_\_\_

Are you applying for other children to attend for this next school year? Yes  No  (If YES please enter Sibling details below)

### Sibling Information

Sibling 1 Last Name \_\_\_\_\_

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

Current School \_\_\_\_\_

Grade \_\_\_\_\_

Sibling 2 Last Name \_\_\_\_\_

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

Current School \_\_\_\_\_

Grade \_\_\_\_\_

### Parent/Guardian Details

Student Lives With:  Both Parents  Mother Only  Father Only  Legal Guardian  Other: \_\_\_\_\_

Are there any court order or related documents  Y  N. If **YES**, please provide copies to the office, together with your application.



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# APPLICATION FORM

*(This form must be completed by the parents or legal guardian. Please print.)*

## Parent/Guardian 1

\_\_\_\_\_  
 Last Name First Name Relationship to Student

\_\_\_\_\_  
 Address if different from Child or Parent/Guardian 2

\_\_\_\_\_  
 Email Address Home Phone Cell Phone Work Phone

**Citizenship Status:**  Canadian Citizen  Permanent Resident/Landed Immigrant  Refugee  
 Work Permit  Study Permit  Visitor Permit Occupation: \_\_\_\_\_

## Parent/Guardian 2

\_\_\_\_\_  
 Last Name First Name Relationship to Student

\_\_\_\_\_  
 Address if different from Child or Parent/Guardian 1

\_\_\_\_\_  
 Email Address Home Phone Cell Phone Work Phone

**Citizenship Status:**  Canadian Citizen  Permanent Resident/Landed Immigrant  Refugee  
 Work Permit  Study Permit  Visitor Permit Occupation: \_\_\_\_\_

## Emergency Contact Information

**(if Parent/Guardians cannot be reached and can be released into their custody)**

\_\_\_\_\_  
 Contact 1 Last Name First Name Relationship to Student

\_\_\_\_\_  
 Home Phone Cell Phone Work Phone

\_\_\_\_\_  
 Contact 2 Last Name First Name Relationship to Student

\_\_\_\_\_  
 Home Phone Cell Phone Work Phone

## STATEMENT OF PERSONAL CHRISTIAN EXPERIENCE AND FAITH:

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

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

As parents, why do you want your children to attend LGCA?  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above information is correct and valid on this date. I also authorize any of the above listed emergency contacts to pick up my child from school in an event of a student release.

\_\_\_\_\_  
 Parent/Guardian Name (please print) Signature Date (DD/MM/YY)

\_\_\_\_\_  
 Parent/Guardian Name (please print) Signature Date (DD/MM/YY)





# LEGAL RESIDENCY OF PARENT

(This form must be completed by the parent or legal guardian. Please print.)

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## Form B - Legal Residency of Deceased Parents

To be completed and signed by the student or a knowledgeable adult (one who knows the student's parent(s) and has knowledge of the facts respecting their decease and the matter set out in this document.)

1. The student's deceased parent was at time of death:

- A Canadian citizen  
 A landed immigrant

2. The student's deceased parent was at time of death a resident of British Columbia (please check one):

- Yes (enter local address below)

### Local Address:

\_\_\_\_\_  
Street City Province Postal Code

No was not a resident of British Columbia.

Signed by : \_\_\_\_\_

Student: \_\_\_\_\_

Knowledgeable Adult's Name: \_\_\_\_\_

Knowledgeable Adult's Signature: \_\_\_\_\_

(Knowledgeable Adult is one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.)

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



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# STUDENT MEDICAL INFORMATION

*(This form must be completed by the parents or legal guardian. Please print.)*

\_\_\_\_\_  
 Legal Last Name                      Legal First Name                      Middle Name(s)

\_\_\_\_\_  
 Usual Name                      Language spoken at home                      Birthdate (DD/MM/YYYY)

Gender: M  F

\_\_\_\_\_  
 Grade                      Personal Health Number (medical insurance number)

**Local Address:**

\_\_\_\_\_  
 Street                      City                      Province                      Postal Code

## Medical Information

The purpose of this information is to enable the parent of a student to make the school aware of any medical condition the student has that might be affected by, or, that might prevent him/her from engaging in any student activity including P.E. classes, day field studies, and overnight trips. It is assumed by the school that, where necessary, the parents have sought the advice of the student's physician prior to completing this form.

**NOTE:** Please submit a copy of your child's vaccination records.

**My child has the following medical conditions:**

**PLEASE NOTE:** The responsibility lies with the parent to advise the school if any change occurs in the medical or physical condition of the student.

**Medical Alerts:**

Anaphylaxis (Extreme Allergic Reaction) Please specify: \_\_\_\_\_  
 Diabetes       Seizure Disorder       Severe Asthma       Blood Clotting Disorder

Serious Heart Condition       Other: \_\_\_\_\_

Does the student have any other medical problems, health concerns, and/or diet restrictions and/or allergies that have not been identified above of which the teacher or principal should be aware?

Yes  No  If Yes, please specify \_\_\_\_\_

\_\_\_\_\_  
 Doctor Name (if applicable)                      Phone number

If you do not have a PHN number, but have other private medical insurance; please provide your medical insurance number above.

**NOTE:** To attend school it is mandatory to have medical insurance. The school office can assist you in purchasing private health insurance. Would you like to apply for private health insurance through the school office?    Yes    No

The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by School Administration.

**IN CASE OF EMERGENCY:** I hereby give permission to qualified health personnel (the family physician, nurse, other outside emergency medical personnel or staff who possess a current first aid certificate) to provide treatment for my child. It is understood that the teacher and the school are NOT responsible for medical care costs.

\_\_\_\_\_  
 Parent/Guardian Name (please print)                      Signature                      Date (DD/MM/YY)



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## PARENT'S PLEDGE

*(This form must be completed by the parents or legal guardian. Please print.)*

### Student Name:

\_\_\_\_\_

Legal Last Name

\_\_\_\_\_

Legal First Name

\_\_\_\_\_

Usual Name

We agree to have our child taught in the context of Lions Gate Christian Academy's Statement of Faith. We have read the Philosophy of Christian Education and agree with these principles. We will respect and support the professional staff as they seek to implement these ideals and we will teach our child to do the same. We as parents will support the school and the policies put in place, as the school seeks to work towards the spiritual and personal academic betterment of our children.

We give permission for our child to take part in all school activities, including sports and school-sponsored trips away from the school premises. We understand that the school does carry liability insurance for accidents caused by its negligence. Accidents caused by our child's negligence are our responsibility. We will consider purchasing student accident insurance to cover for this possibility.

We pledge to pay our tuition promptly to Lions Gate Christian Academy.

We understand that we may be called upon for volunteer duties at Lions Gate Christian Academy and agree to perform such duties as time and abilities permit.

We agree to support Traffic Mitigation Initiatives implemented by LGCA including adhering to traffic routing designation, crosswalk designation, drop off and pick up regulations, and reducing vehicle traffic through participation in school busing, car pooling, public transit, cycling and walking.

We will withdraw our child if we can no longer support the program and the dress code of the school.

We will provide four weeks advanced written notice if possible, if we are withdrawing our child from the school.

We understand that if we withdraw our child mid-month from the school, that we are expected to pay the tuition fee to the end of the month, based on a ten month plan.

If we become dissatisfied with the school in any respect, we will seek to resolve the matter with the person or persons involved rather than begin to spread criticism or hold a negative attitude in our heart.

### Signatures:

\_\_\_\_\_

Parent/Guardian Name (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (DD/MM/YY)

\_\_\_\_\_

Parent/Guardian Name (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (DD/MM/YY)



# IMPROMPTU WALKING FIELD TRIP FORM

**Lions Gate Christian Academy**  
919 Tollcross Road  
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(604)984 8226

*(This form must be completed by the parents or legal guardian. Please print.)*

The education of children is not confined to the four walls of the classroom. Teachers enhance their curriculum with field trips outside the classroom. Normally, field trips are planned by teachers and communicated to you outlining the purpose and all relevant details concerning the specific trip.

There are times, however, when teachers take their classes out of doors and off of the school site to walk to various destinations within the school neighborhood.

These “walking field trips” are often spontaneous, taking advantage of the weather or to collect or see something in the neighborhood.

(Last Name)  
PLEASE PRINT

## Student Name:

\_\_\_\_\_

Legal Last Name	Legal First Name	Usual Name
-----------------	------------------	------------

Entering Grade: \_\_\_\_\_

(Please check the appropriate box below)

I understand the impromptu nature and inherent risks associated with walking field trips **and give my informed consent** for my child to participate in walking field trips within the school community as outlined in this Letter to Parents/Guardians for this school term. I am aware of the behavioral expectations of my child while participating in these field trips and that there may be consequences for noncompliance.

**I do NOT give permission** for my child to participate in walking field trips for the school year.

\_\_\_\_\_

Parent/Guardian Name (please print)	Signature	Date (DD/MM/YY)
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## RELEASE AND STORAGE OF PERSONAL INFORMATION FORM

*(This form must be completed by the parents. Please print.)*

**Student Name:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entering Grade: \_\_\_\_\_

*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 Lions Gate Christian Academy is Adam Reid. He may be reached at 604-984-8226.*

I consent to having **Lions Gate Christian Academy** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and mail address, behavioural, academic and health information, report cards, 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 otherwise collected by or on behalf of **Lions Gate Christian Academy** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Lions Gate Christian Academy**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **Lions Gate Christian Academy's** 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 by and to agents, contractors and service providers of **Lions Gate Christian Academy**.

I/we give permission    I/we don't give permission to the school to publish and copyright all photographs, videos and/or livestreams in which my child appears while enrolled as a student in any and all programs of LGCA. I further agree that LGCA may transfer, use or cause to be used, these photographs in School brochures, yearbooks, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMS's and like publications, literature or material without limitations or reservations.

I/We give permission    I/we don't give permission to have my name and email address shared in a class directory.

**Parent Personal Information**

1.I acknowledge that my vehicle information and driving records are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

2.Release and Storage of Parent Personal Information.

**Lions Gate Christian 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 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 parent and student personal information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Adam Reid**  
**Principal – Privacy Officer**

**Phone: 604-984-8226**



# LGCA INTERNAL/COMPUTER USE FORM

*(This form must be completed by the parents/student. Please print.)*

**Student Name:**

\_\_\_\_\_  
Legal Last Name

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Usual Name

\_\_\_\_\_  
Entering Grade:

Students may use the school's computers and access the internet, if they agree and comply with the following statements:

1. I will familiarize myself with the procedures to log on and change my password.
2. I understand the school's values and I will uphold these values as I communicate with others by means of the school's computers.
3. I will use computers at school for their intended use **only**, that is, for academic purposes such as research, word processing, homework and other activities instructed by LGCA staff.
4. I will not use school computers to participate in any form of online chat such as but not limited to MSN, Google+, Facebook, IRC etc.
5. I will not use a "proxy" site to allow access to either blocked or un-blocked websites.
6. I will not use computers at school for online or personal **game** applications.
7. I will not attempt to log on someone else's account, or gain unauthorized access to resources on the internet. I will refrain from "hacking" into private files, or tampering with software or hardware that belongs to the school or another person associated with the school.
8. I will respect software or programs that are copyrighted; I will respect the ownership of others and will not copy or transfer anything without their permission.
9. I will not compose or transmit anything that may disrupt the working of the computers. I will follow all the precautions to prevent viruses from being introduced onto the school's computers.
10. I will not share my password, nor log on for someone else.
11. I will use appropriate language in all communications. I will not use abusive, threatening or obscene language.
12. When emailing I will only include factual information and positive encouraging language. Any issues that I have with anyone else will be addressed face to face and not through the use of email.
13. I will not access, store or print pornographic, discriminatory, or other offensive materials.
14. I will accept responsibility for all computer access under my username/password.
15. I will not use the school's computers and access to purchase or sell goods and services.
16. I will not give out personal information on-line, such as phone numbers, address, credit card information or any financial information.
17. I agree to be courteous by quitting applications and logging off promptly. If I am doing non-school work, I will promptly give up the computer to someone who needs access to do school work.
18. I understand that the school will monitor my use of the internet and has the right to delete files in my account.
19. I understand that all of the above guidelines also apply to the use of personal laptops, tablets, and smartphones brought from home and will follow the above guidelines while these devices are on school property.
20. I understand that failure to comply with the above guidelines on personal electronic devices will result in the device being confiscation. If this occurs a parent will be required to pick it up in the office.
21. I understand that using the school's computers is a privilege, which may be taken away from me if I break any of the above guidelines. Breach of rules may result in further discipline.

**I have read, understand and accept the above terms.**

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YY)

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (DD/MM/YY)

*Parent or guardian: I give my child permission to use the Internet at Lions Gate Christian Academy. If my child violates any of the above rules, I understand that he/she will lose the privilege of using the school's computers or Internet access, and may be subject to disciplinary action. I also understand that by signing this form, my child may be at risk of being exposed to inappropriate materials from the internet, even though the school has internet content filtering, and I will not hold the school and/or the teacher responsible if this occurs, but will immediately notify the school's administration if I become aware of such occurrence.*



# LGCA DIRECT PAYMENT AUTHORIZATION (Tuition)

Please return this form with a personal cheque unsigned and marked VOID.

I/WE

Names (s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## AUTHORIZE

LIONS GATE CHRISTIAN ACADEMY, 919 Tollcross Road, North Vancouver, BC, V7H 2G3

## TO DEBIT MY/OUR:

Account No: \_\_\_\_\_ Transit No: \_\_\_\_\_ Institution No: \_\_\_\_\_

Held at \_\_\_\_\_  
Name of Financial Institution

Branch Address \_\_\_\_\_

MONTHLY TUITION on (choose one)  1st of month OR  15th

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*For joint accounts, all signatures are required**

## TERMS AND CONDITIONS

I/we authorize Lions Gate Christian Academy for Christian Education to debit the bank account identified above as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of tuition, out of school care and other related fees arising under my/our school account.

I/we may revoke this authorization at any time and it will remain in effect until I/we provide Lions Gate Christian Academy written notification of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the school address provided below. For a sample cancellation form, or for more information on the right to cancel a Pre-authorized Debit Agreement visit [www.cdnpay.ca](http://www.cdnpay.ca) or your financial institution.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with Lions Gate Christian Academy. My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the Lion Gate Christian Academy to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We acknowledge that delivery of this authorization to the Lions Gate Christian Academy constitutes delivery to my financial institution. I/We warrant that all persons who signatures are required to sign up on this account have signed this authorization.



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## LGCA BUS AUTHORIZATION AND REGISTRATION FORM (if applicable)

### Student Details:

\_\_\_\_\_  
 Legal Last Name                      Legal First Name                      Usual Name                      Entering Grade

\_\_\_\_\_  
 Legal Last Name                      Legal First Name                      Usual Name                      Entering Grade

\_\_\_\_\_  
 Legal Last Name                      Legal First Name                      Usual Name                      Entering Grade

\_\_\_\_\_  
 Legal Last Name                      Legal First Name                      Usual Name                      Entering Grade

### Parent details:

\_\_\_\_\_  
 Last Name                      First Name                      Relationship to Student

\_\_\_\_\_  
 Email Address                      Home Phone                      Cell Phone                      Work Phone

*We currently pickup and drop-off our students at two bus locations - Please indicate which bus your children will catch:*

- North Vancouver – North Shore Alliance Church - 201 23rd St E, North Vancouver, BC*
- West Vancouver – West Vancouver Baptist Church - 450 Mathers Ave, West Vancouver, BC*

**Please provide student details and payment preference below:**

*Bus Fees: \$125.00 per month 1st child, subsequent child/ren \$75.00 per month*

*Bus Fees: \$1250.00 per year 1st child, subsequent child/ren \$750.00 per year*

**Annual Payment:**  by Cheque \*One-time payment at the beginning of the school year

**OR**

**Monthly Payment:**  with tuition payments

**\*Payments are processed with monthly tuition payments**

Should you need to make alternative payment arrangements, please contact the school office.