



# REGENT CHRISTIAN ACADEMY

15100 – 66A Avenue, Surrey, BC V3S 2A6  
 Phone: 604.599-8171 Fax: 604.599-8175  
 Email: [office@regent.bc.ca](mailto:office@regent.bc.ca) Website: [www.regent.bc.ca](http://www.regent.bc.ca)

REVISED: October 24, 2022

## APPLICATION PROCEDURE ~ CHECKLIST

1. Complete and return the application documentation as listed below.
2. Our office receives and reviews **fully completed applications** based on our intake policy. Once reviewed, Parents will be contacted via telephone.
3. If there is the possibility of a seat being available, you will be asked to schedule an interview with Principal Travis Bryerton.
4. Once acceptance has been confirmed to Regent Christian Academy, a non-refundable registration fee and the first month's tuition fee will be due. Monthly tuition payments are paid through a preauthorized payment plan. See enclosed tuition sheet.

### OFFICE USE ONLY

Date Received: \_\_\_\_\_  
 Interview Date: \_\_\_\_\_  
 Accepted: \_\_\_\_\_  
 Reg Fee: \_\_\_\_\_  
 1<sup>st</sup> Month: \_\_\_\_\_  
 Siblings: \_\_\_\_\_  
 Referred by: \_\_\_\_\_

### INFORMATION PROVIDED:

- ✓ Introduction
- ✓ The Foundations
- ✓ Statement of Faith
- ✓ Student Life
- ✓ Academics
- ✓ Admissions & Fees

FORMS TO BE COMPLETED	REQUIRED DOCUMENTS TO BE ATTACHED
<input type="checkbox"/> Application Form <input type="checkbox"/> Kindergarten Questionnaire <input type="checkbox"/> Medical Information Form <input type="checkbox"/> Status of Parent - Form A <input type="checkbox"/> Status of Parent - Form B (Deceased) <input type="checkbox"/> Shared Commitments <input type="checkbox"/> Personal Information & Privacy Policy Consent Form <input type="checkbox"/> Student Emergency Release <input type="checkbox"/> Student Questionnaire Grades 7-12 <input type="checkbox"/> Pastor's Recommendation	<input type="checkbox"/> Student's Photograph <input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> Copy of Student's Birth Certificate <input type="checkbox"/> Copy of Student's valid Canadian documents (Permanent Resident Card, Canadian Citizenship Card, Canadian Passport) <input type="checkbox"/> Parent's Canadian Birth Certificate or Citizenship Document/Card <input type="checkbox"/> Parent's Permanent Resident Card <input type="checkbox"/> Refugee documentation <input type="checkbox"/> Proof of Address (BCID, BC Driver's License, Utility Bill, Rental Agreement) <input type="checkbox"/> Student Visa <input type="checkbox"/> Parent's Work Permit



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REVISED: January 18, 2023

Current Photo  
(Required)

## 2023 -2024 APPLICATION FORM

### OFFICE USE ONLY

Date Received:  
Interview Date:  
Accepted:  
Reg Fee:  
1<sup>st</sup> Month:  
Siblings:  
Referred by:

### Student's Information:

1. Last Name			First Name			Middle Name		
2. Male <input type="checkbox"/>			Female <input type="checkbox"/>			3. Birthdate:		
						MM / DD / YYYY		
4. Grade Entering:			5. BC Personal Health Number					
6. Home Phone (landline if any)			Student's Cell Phone:			Student's Email:		
7. Who has legal responsibility for this student?								
<input type="checkbox"/> Joint responsibility of parents								
<input type="checkbox"/> Sole responsibility of mother								
<input type="checkbox"/> Sole responsibility of father								
<input type="checkbox"/> Other (Please Specify)								
<b>Please provide legal custody documentation if applicable.</b>								
8. Address:								
Street								
City			Province			Postal Code		
9. The student is: a Canadian citizen <input type="checkbox"/>								
a permanent resident <input type="checkbox"/>								
on a student permit <input type="checkbox"/>								
<b>Supporting documentation <u>must</u> accompany this application.</b>								
10. Home Language:								
Language Most Used:								
First Language:								

11. Does this student have Indigenous ancestry? YES  NO

If yes, circle one: Inuit Metis Non-Status Status – Off Reserve

Band of Origin:

12. List the student's last three schools and include the most recent report card.

School Name	Location	Date of Attend

13. List all siblings and their birthdates:


14. Is there currently an IEP (Individual Education Plan) or Learning Plan in place for your child.

Yes  No

15. Does your child have, or in the past had, specialized learning or behavioural needs which require(d) any educational support or assistance?  
Please select the appropriate box for the type of support given.

Yes  No

<input type="checkbox"/> I E P	<input type="checkbox"/> Emotional / Behaviour Plan	<input type="checkbox"/> Student Learning Plan/AIP	<input type="checkbox"/> English as an additional language	<input type="checkbox"/> Behaviour, Occupational or Speech/ language therapists
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**If you answered yes, to questions 14 or 15, complete documentation will need to be attached to application.**

16. Why do you want your child to attend Regent Christian Academy?

**Parent's Info**

17. Father/Guardian Legal Name:		Mother/Guardian Legal Name:	
18. Father's ○ Occupation:  ○ Place of Business:  ○ Cell Phone:  ○ Work Phone:  ○ Home Phone:  ○ Email:		Mother's ○ Occupation:  ○ Place of Business:  ○ Cell Phone:  ○ Work Phone:  ○ Home Phone:  ○ Email:	
19. I consent to receive email or Autodialer calls: Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Who should be the 1 <sup>st</sup> contact for attendance reporting or emergencies?			
Father <input type="checkbox"/>		Mother <input type="checkbox"/>	
21. Address:			
Street			
City		Province	Postal Code
22. Student lives with:			
<input type="checkbox"/> father	<input type="checkbox"/> mother	<input type="checkbox"/> both	<input type="checkbox"/> guardian



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Revised: December 13, 2021

## Kindergarten Parent Questionnaire

Welcome to Kindergarten! As parents/guardians, you have a deep understanding of your child and the information you provide will help us to better meet your child's needs. All children come to Kindergarten with diverse experiences and at different levels of development. Information from this questionnaire will serve to support your child's transition to school. Thank you.

**Student Name:**

**Date of Birth (Day/Month/Year):**

**Parent/Guardian Names:**

**Names of Siblings:**

**Age:**

**Grade:**

**My child speaks and understands English**

Yes

Some

No

1. What language did your child learn when first beginning to talk?

\_\_\_\_\_

2. What language does your child use most frequently at home?

\_\_\_\_\_

3. What language do you use most frequently to speak to your child?

\_\_\_\_\_

4. What language is most often spoken by the adults at home?

\_\_\_\_\_

**How has your child been introduced to having a faith in Jesus Christ?**

Bible story reading/telling

Prayer at meals/at night

Sunday School/Children's church

AWANA

Singing worship songs

Other \_\_\_\_\_

**Has your child been involved in any organized activities?** *(Please check all that apply.)*

- Sports (e.g., skating lessons, swimming, soccer, gymnastics)
- Music
- Library Programs
- Visits to Preschool/Daycare
- Community Programs
- Other, (Sunday School/Children's Church) please explain: \_\_\_\_\_

**In the past 12 months, my child has been cared for in the following ways:**

*(Please check all that apply.)*

**Full-Time**

(more than 24 hours per week)

- Child Care Centre
- Pre-School
- Home Child Care
- Care with Relative

**Part-Time**

(less than 24 hours per week)

- Child Care Centre
- Pre-School
- Home Child Care
- Care with Relative

**Help us learn more about your child before they start school.**

My child plays cooperatively with other children

- most of the time     
  some of the time     
  with some adult support     
  not sure

My child can follow a 1-step direction (e.g., please get your shoes)

- most of the time     
  some of the time     
  with some adult support

My child is able to manage how they feel and tell about his/her feelings

- most of the time     
  some of the time     
  with some adult support

Are there any situations in which your child becomes particularly excitable, upset, frightened or angry?

- Yes     
  No

If yes, please provide examples:

Has your child experienced any significant changes in his/her family life in the past (e.g., death, separation, birth of a baby, family illness)?

- Yes     
  No

If yes, please comment:

My child uses the toilet <input type="checkbox"/> Independently <input type="checkbox"/> With support <input type="checkbox"/> Not yet ready	My child dresses <input type="checkbox"/> Independently <input type="checkbox"/> With support <input type="checkbox"/> Not yet ready
My child follows routines <input type="checkbox"/> Independently <input type="checkbox"/> With support <input type="checkbox"/> Not yet ready	My child manages a backpack <input type="checkbox"/> Independently <input type="checkbox"/> With support <input type="checkbox"/> Not yet ready
If your child requires support, please explain:	
What time does your child go to bed each night?	
My child is able to tell you what they want and need <input type="checkbox"/> most of the time <input type="checkbox"/> some of the time <input type="checkbox"/> with some adult support	
My child is <input type="checkbox"/> Left Handed <input type="checkbox"/> Right Handed <input type="checkbox"/> Mixed or Preference Unclear	

**To keep your child safe and healthy, we would like to know:**

My child has worked with <i>(Please check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Speech and Language Therapist</td> <td><input type="checkbox"/> Resource Consultant</td> </tr> <tr> <td><input type="checkbox"/> Occupational Therapist</td> <td><input type="checkbox"/> Public Health Nurse</td> </tr> <tr> <td><input type="checkbox"/> Physiotherapist</td> <td><input type="checkbox"/> Autism Services</td> </tr> <tr> <td><input type="checkbox"/> Behaviour Therapist</td> <td><input type="checkbox"/> Psychologist/Psychiatrist</td> </tr> <tr> <td><input type="checkbox"/> Developmental Consultant</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Speech and Language Therapist	<input type="checkbox"/> Resource Consultant	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Public Health Nurse	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Autism Services	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Psychologist/Psychiatrist	<input type="checkbox"/> Developmental Consultant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Speech and Language Therapist	<input type="checkbox"/> Resource Consultant									
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Public Health Nurse									
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Autism Services									
<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Psychologist/Psychiatrist									
<input type="checkbox"/> Developmental Consultant	<input type="checkbox"/> Other _____									
If any reports were developed, are you willing to share these reports to support your child's transition to school? <input type="checkbox"/> Yes      Please list reports if known: _____ <input type="checkbox"/> No										
Are there any concerns that you would like to share with the school?										

**Starting school is a new experience for you and your child. Please share with us how you and your child are feeling about this new experience.**

<p>I am happy that my child is starting school because:</p>  <p>I am worried about my child starting school because:</p>  <p>I am hoping my child will learn new things at school, such as:</p>
<p>How is your child feeling about starting school, and how do you know?</p>
<p>Please share with us any other concerns, comments, questions or any other information you believe will help us work together so that you and your child have a positive start and experience at our school.</p>

Completed by: \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_

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

*Regent 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/ren at his/her 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. Any questions with respect to the personal information collected should be directed to the Principal of the School.*





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REVISED: January 18, 2023

## Medical Information Form

Please ensure all fields have been completed.

### 1. MEDICAL ALERT

Does your child have any allergies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If yes, please provide details in section #2:</b>	<input type="checkbox"/> FOOD	<input type="checkbox"/> INSECT
Does your child have any LIFE THREATENING allergies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your child on any other on-going medication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child self-administer any medications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have a history of seizures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have any other medical conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child require an EPI PEN? A new pen will be needed at the school.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS IN THE NEXT SECTION**

## 2. DETAILED INFORMATION RE MEDICAL ALERT

Please use this space to provide detail of your child's medical alert.

## 3. EMERGENCY CONTACT INFORMATION

**If Parents are not reachable please provide an emergency contact who is allowed to pickup the student on your behalf.**

	First and Last Name	Cell Phone Number
Emergency Contact 1		
Relationship to student		
Emergency Contact 2		
Relationship to student		
Emergency Contact 3		
Relationship to student		

## 4. IMMUNIZATION HISTORY

**If available, please provide a copy of your child's immunization history**

I have included a copy of my Child's immunization record

I choose not to immunize

\*\*Information will be shared with Fraser Health if requested

*Dear Parent / Guardian*

*Please rest assured that if the student needs assistance in a medical emergency, the school will attempt to inform you immediately. The student will, however, be promptly cared for whether or not we can contact you. In the case of a medical emergency the school will attempt to contact you to pick up your child or for direction as to what action to take. If you are unavailable the emergency contacts will be notified. If the school is unsuccessful in reaching a contact person we will act as deemed necessary and continue trying to make contact with the parents/guardians until successful.*

- I agree that the above information is correct.
- If changes occur, I will contact the school and provide revised instructions.
- I am aware that the Public Health Nurse for our school will be informed of my child's
- I am aware that the teacher/staff working with my child needs to know of my child's condition and medication required.
- I am aware I am required to update this information at re-enrollment.

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PARENT / GUARDIAN SIGNATURE

---

DATE



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Revised: December 13, 2021

## Parent / School Partnership Shared Commitments

As a school we commit to the following...	As parents we commit to the following...
<ul style="list-style-type: none"><li>• Fulfill our mission and purpose</li><li>• Provide a safe nurturing environment</li><li>• Provide consistent communication regarding your child</li><li>• Provide consistent communication regarding the school</li><li>• Provide consistency in values and discipline</li><li>• Offer a listening ear at any time</li><li>• Show respect for your child and family</li><li>• Use wisely the resources entrusted to the school</li></ul>	<ul style="list-style-type: none"><li>• Support the school's mission and purpose</li><li>• Provide a quiet study environment at home</li><li>• Provide consistent communication and attend Parent Teacher conferences</li><li>• Attend pertinent school meetings and activities</li><li>• Be appropriately involved</li><li>• Support the values and policies of the school</li><li>• Seek information and facts not believe rumors</li><li>• Respect the role of the school administrators, teachers and support staff</li><li>• Provide prayerful support for our child and the school</li><li>• Honour our financial commitment in support of my child's education</li></ul>

\_\_\_\_\_  
FATHER / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



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Revised: December 13, 2021

## Pastor's Recommendation Introduction

Dear Pastor,

Regent Christian Academy believes that children are best prepared for a life of faith and service for Christ when they are nurtured by all three key influences in their lives – the home, the school, and the church. For this reason, we ask families to provide the school with a reference from their pastor. Your understanding of the student will be most helpful to our admissions procedures.

Regent Christian Academy is committed to the Word of God and the work of Christ at Calvary. Below is our STATEMENT OF FAITH. Parents are required to agree with this statement. Thank you for your assistance to us.

In His Service,

Travis Bryerton  
Principal

### STATEMENT OF FAITH

- a) WE BELIEVE the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 TIMOTHY 3:16, 2 PETER 1:21).
- b) WE BELIEVE there is one God, eternally existent in three persons – Father, Son, and Holy Spirit (GENESIS 1:1, MATTHEW 28:19, JOHN 10:30).
- c) WE BELIEVE in:
  - The deity of Christ (JOHN 10:33).
  - His virgin birth (ISAIAH 7:14, MATTHEW 1:23, LUKE 1:35)
  - His sinless life (HEBREWS 4:15, 7:26)
  - His miracles (JOHN 2:11)
  - His vicarious and atoning death (CORINTHIANS 15:3 EPHESIANS 1:7 HEBREWS 2:9)
  - His resurrection (JOHN 11:25, 1 CORINTHIANS 15:4)
  - His ascension to the right hand of God (MARK 16:19)
  - And His personal return in power and glory (ACTS 1:11, REVELATION 19:11).
- d) WE BELIEVE in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone are we saved (JOHN 3:16-19, 5:24, ROMANS 3:23, 5:8-9, EPHESIANS 2:8-10, TITUS 3:5).
- e) WE BELIEVE in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life, and they that are lost unto the resurrection of condemnation (JOHN 5:28-29).
- f) WE BELIEVE in the spiritual unity of believers in our Lord Jesus Christ (ROMANS 8:9, 1CORINTHIANS 12:12-13, GALATIANS 3:26-28).
- g) WE BELIEVE in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (ROMANS 8:13-14), 1CORINTHIANS 3:16, 6:19-20, EPHESIANS 4:30, 5:18).



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Revised: December 6, 2021

## Pastor's Recommendation

*This is a confidential document.*

Pastor, please complete and scan to [office@regent.bc.ca](mailto:office@regent.bc.ca)

<b>Parent's Names:</b>				
<b>Family Address:</b>				
<b>Names of children enrolling at RCA:</b>	<b>Name</b>	<b>Grade</b>	<b>Name</b>	<b>Grade</b>

<b>Date completed:</b>	
<b>Church Name:</b>	
<b>Church Address:</b>	
<b>Contact Phone Number:</b>	
<b>Person completing form and role at the church: (Pastor, Children or Youth Pastor, etc.)</b>	

<b>How long has this family attended this church?</b>	< 1 year	< 5 years	>5 years
<b>Has this family returned to in-person services or activities in the church (if offered) since Covid?</b>	YES	NO	
<b>Which parents attend church?</b>	Mom Children Only	Dad	Both Parents
<b>Circle the activities this family is actively involved in?</b>			
Church services	Sunday School/Children's Church	Awana	Mid-week activities
Youth			
Volunteer Work	Bible Study	Prayer Group	Other:
<b>For each student listed above: If you know the student well enough to speak to their character, please name and describe that child.</b>	Child 1:		
	Child 2:		
	Child 3:		
	Child 4:		
<b>Would you recommend this family for acceptance at Regent Christian Academy?</b>	YES	NO	
<b>Pastor's Signature:</b>			



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Revised: October 24, 2022

## Personal Information & Privacy Policy Consent Form

The purpose of this consent form is to keep student information current and be in accordance with the PERSONAL INFORMATION & PRIVACY POLICY implemented at Regent Christian Academy.

- A. Upon acceptance to Regent Christian Academy, I give consent to collect personal information that may include student identification information, birth certificates, legal guardianship, court orders if applicable, parents' work numbers and email addresses, behavioural, academic and health information, most recent report card, emergency contact name and number, personal health number and any similar information needed for registration.
- B. I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Regent Christian Academy:
- 1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Regent Christian Academy.
  - 2) for additional purposes identified when or before personal information is collected, and
  - 3) as otherwise provided in Regent Christian Academy's PERSONAL INFORMATION PRIVACY POLICY, a copy of which is available upon request.
- C. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors, and service providers (e.g., Ministry of Education, Public Health Authority etc.) of Regent Christian Academy for the purposes listed above.

*THIS INFORMATION IS REQUIRED IN ORDER TO REGISTER YOUR CHILD/REN AT THIS SCHOOL AND ASSIST THE SCHOOL AUTHORITY IN MAKING AN INFORMED DECISION AS TO YOUR CHILD/REN'S SUITABILITY AND APPROPRIATE PLACEMENT IN THE SCHOOL. IT WILL ALSO ALLOW THE SCHOOL TO RESPOND IMMEDIATELY TO AN EMERGENCY. FOR MORE INFORMATION, PLEASE CONTACT THE SCHOOL OFFICE 604.599-8171*

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

- D. I consent to having photographs and work samples of my child/ren used by Regent Christian Academy in the yearbook, newsletters, web site, and other promotional material.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

- E. I consent to receive emails from RCA and to be added to the school's parent email list.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

*RELEASE AND STORAGE OF PARENT PERSONAL INFORMATION*

*Regent 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/ren at his 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.*





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Revised: January 18, 2022

## Status of Parent/Guardian (Admission to Canada and Residency) - FORM A

(if parents are deceased, use Form B)

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

### (Lawfully Admitted into Canada)

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy 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 an accredited diplomatic agent, preclearance 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)

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### (Residency in British Columbia)

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

- Yes Residency address: \_\_\_\_\_
- No I am not a resident of British Columbia

### Confirming signatures:

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

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

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



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Revised: December 13, 2021

## Status of Deceased Parent (Admission to Canada and Residency) - FORM B

To be completed and signed by the student or a knowledgeable adult (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)

### (Deceased parent was Lawfully Admitted into Canada)

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

- A Canadian citizen  
 A Permanent Resident (landed immigrant)

### (Deceased parent was Resident in British Columbia)

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

Yes Residency address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No I am not a resident of British Columbia

### Confirming signature:

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 EMERGENCY RELEASE

In the event of an earthquake or other serious incident resulting in school closure, where I am unable to collect my child(ren) from school, I \_\_\_\_\_, Parent/Legal Guardian of:

Name(s) of Child(ren): \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_

authorize the release of my above child(ren) into the custody of the following people:  
(please provide at least two names)

	NAME	ADDRESS	TELEPHONE
1			
2			
3			

I fully realize that during a natural disaster such as an earthquake, my child(ren) will not be released from school to another adult unless authorized by myself (as above); and that on the release of my child(ren) a record shall be kept at the school of the name of their guardian, time of release and expected destination.

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

\_\_\_\_\_  
(Date)

### MEDIC ALERT

If your child requires medication or has a medical condition that requires special attention, please provide details below. It will be necessary for the school to have a 48-hour supply of any essential medication or supplies. Please note that a more detailed "Medical Alert" form should also be completed and on file at the school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# REGENT CHRISTIAN ACADEMY

15100 – 66A Avenue, Surrey, BC V3S 2A6

Phone: 604.599-8171 Fax: 604.599-8175

Email: [office@regent.bc.ca](mailto:office@regent.bc.ca) Website: [www.regent.bc.ca](http://www.regent.bc.ca)

Revised: December 13, 2021

## Student Questionnaire

The following questionnaire is to be completed by students entering grades 7 – 12 in their own handwriting. Please attach a separate sheet if necessary.

<b>NAME:</b>	<b>GRADE:</b>	<b>SEX:</b>
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1. Do you want to come to Regent Christian Academy? Why or Why not?	YES	NO
2. What is your best subject in school?		
3. What is your hardest subject?		
4. What is your favourite subject?		
5. Do you plan to go on to post-secondary education (university, college or technical school) after completing high school?		
6. What type of career are you interested in?		
7. Do you have a part-time job?		
8. Do you go to church regularly?		
9. Are you involved in activities at your church? If yes, give details.		
10. Have you committed your life to Christ?		
11. Are you willing to abide by the Student CODE OF CONDUCT?		

STUDENT SIGNATURE

DATE