



# REGENT CHRISTIAN ACADEMY APPLICATION | 2024 - 2025

1. Complete and return the application documentation as listed below.
2. Our office receives and reviews **fully completed applications** based on our acceptance policy.
3. Once reviewed, parents will be contacted via telephone. If there is the possibility of a seat being available, you will be asked to schedule an interview with the Principal, Travis Bryerton.
4. If there is not a seat available for the grade that you are applying for you will receive an email from our office letting you know that your application has not been accepted at this time.
5. Applications will be accepted for the following school year starting in November. Interviews for new families will not be scheduled until re-enrolment of our current students is completed in February.
6. To submit your application via email please scan all forms and supporting documents to [office@regent.bc.ca](mailto:office@regent.bc.ca).

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## APPLICATION DOCUMENTS REQUIRED | Parent Checklist

- Application Form
- Student's Photograph
- Copy of Student's Birth Certificate
- Copy of Student's valid Canadian documents  
**(Permanent Resident Card, Canadian Citizenship Card, Canadian Passport, Student visa)**
- Copy of Parent's valid Canadian documents  
**(Canadian Passport, Permanent Resident Card, Canadian Citizenship Card, Student visa, Work permit, Refugee documentation)**
- Proof of Address  
**(BCID, BC Driver's License, Utility Bill, Rental Agreement, Mortgage Document)**
- Most Recent Report Card
- Student Emergency Release
- Personal Information & Privacy Policy Consent Form
- Legal Residency of Parent Form A
- Legal Residency of Parent Form B (Deceased)
- Shared Commitments
- Pastor's Recommendation

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## ADDITIONAL DOCUMENTS IF APPLICABLE | Parent Checklist

- Student Questionnaire Grades 7-12
- Immunization Records
- Kindergarten Questionnaire
- Specialized Learning Plan Documents
- Legal Custody Documentation



# REGENT CHRISTIAN ACADEMY APPLICATION | 2024 - 2025

SULLIVAN CAMPUS     CLOVERDALE CAMPUS

\*ONE APPLICATION PER CHILD NOT FAMILY \* PLEASE PRINT SINGLE SIDED

CURRENT STUDENT PHOTO	STUDENT LEGAL LAST NAME		
	STUDENT LEGAL FIRST NAME		
	STUDENT LEGAL MIDDLE NAME		
	STUDENT USUAL NAME (IF DIFFERENT)		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDAY:    MM         DD         YYYY	GRADE ENTERING:
BC PERSONAL HEALTH NUMBER		PHONE NUMBER (MAIN CONTACT)	
STUDENT CELL PHONE (IF APPLICABLE)		STUDENT EMAIL (IF APPLICABLE)	
WHO HAS LEGAL RESPONSIBILITY FOR THIS STUDENT? <b>* PLEASE PROVIDE LEGAL CUSTODY DOCUMENTATION IF APPLICABLE</b>		STUDENT LIVES WITH:	
<input type="checkbox"/> BOTH PARENTS <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:		<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:	
ADDRESS		CITY	PROV
<b>* PLEASE PROVIDE PROOF OF ADDRESS DOCUMENT (OPTIONS ON CHECKLIST)</b>			
STUDENT CITIZENSHIP * <b>PLEASE PROVIDE STUDENT BIRTH CERTIFICATE AND CANADIAN DOCUMENTATION</b>			
<input type="checkbox"/> A CANADIAN CITIZEN <input type="checkbox"/> A PERMANENT RESIDENT <input type="checkbox"/> ON A STUDENT VISA <input type="checkbox"/> ON A VISITOR VISA			
LANGUAGE SPOKEN AT HOME	STUDENT LANGUAGE MOST USED		FIRST LANGUAGE
DOES THIS STUDENT HAVE INDIGENOUS ANCESTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES:			
<input type="checkbox"/> INUIT <input type="checkbox"/> METIS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> STATUS - OFF RESERVE			
BAND OF ORIGIN:		BAND OF RESIDENCE:	

LIST THE STUDENT'S LAST THREE SCHOOLS ATTENDED INCLUDING ANY STRONG START PROGRAMS:

**\* PLEASE PROVIDE A COPY OF THE MOST RECENT REPORT CARD**

_____	_____	_____
SCHOOL NAME	LOCATION	DATE ATTENDED
_____	_____	_____
SCHOOL NAME	LOCATION	DATE ATTENDED
_____	_____	_____
SCHOOL NAME	LOCATION	DATE ATTENDED

LIST ANY SIBLINGS TO THE STUDENT AND BIRTHDATE:

_____	_____	_____	_____
1. NAME	BIRTHDATE	2. NAME	BIRTHDATE
_____	_____	_____	_____
3. NAME	BIRTHDATE	4. NAME	BIRTHDATE

ARE THERE CURRENTLY ANY OF THE FOLLOWING LEARNING PLANS OR SUPPORTS IN PLACE FOR YOUR CHILD?

**\* PLEASE PROVIDE A COPY OF SUPPORTING DOCUMENTATION**

- IEP (INDIVIDUAL EDUCATION PLAN)
- LEARNING PLAN
- ANNUAL INSTRUCTION PLAN (ELL)
- BEHAVIOUR OR SAFETY PLAN
- BEHAVIOUR CONSULTANT OR INTERVENTION
- SPEECH LANGUAGE PATHOLOGIST
- PHYSICAL OR OCCUPATIONAL THERAPY
- LITERACY PULL OUT

HAS YOUR CHILD RECEIVED ANY OF THESE SUPPORTS IN THE PAST?

- IEP (INDIVIDUAL EDUCATION PLAN)
- LEARNING PLAN
- ANNUAL INSTRUCTION PLAN (ELL)
- BEHAVIOUR OR SAFETY PLAN
- BEHAVIOUR CONSULTANT OR INTERVENTION
- SPEECH LANGUAGE PATHOLOGIST
- PHYSICAL OR OCCUPATIONAL THERAPY
- LITERACY PULL OUT

IF SO WHEN: \_\_\_\_\_ | \_\_\_\_\_  
GRADE YEAR

ANY NOTES YOU WOULD LIKE TO SHARE REGARDING LEARNING SUPPORT?

**PARENT INFORMATION:**

FATHER/GUARDIAN LEGAL LAST NAME	MOTHER/GUARDIAN LEGAL LAST NAME
_____	_____
FATHER/GUARDIAN LEGAL FIRST NAME	MOTHER/GUARDIAN LEGAL FIRST NAME
_____	_____
FATHER/GUARDIAN USUAL NAME (IF DIFFERENT)	MOTHER/GUARDIAN USUAL NAME (IF DIFFERENT)
_____	_____
FATHER/GUARDIAN OCCUPATION	MOTHER/GUARDIAN OCCUPATION
_____	_____
FATHER/GUARDIAN PLACE OF BUSINESS	MOTHER/GUARDIAN PLACE OF BUSINESS
_____	_____

FATHER/GUARDIAN CELL PHONE		MOTHER/GUARDIAN CELL PHONE	
FATHER/GUARDIAN WORK PHONE		MOTHER/GUARDIAN WORK PHONE	
FATHER/GUARDIAN HOME PHONE		MOTHER/GUARDIAN HOME PHONE	
FATHER/GUARDIAN EMAIL		MOTHER/GUARDIAN EMAIL	
I CONSENT TO RECEIVE EMAIL OR AUTODIALER CALLS <input type="checkbox"/> YES <input type="checkbox"/> NO		I CONSENT TO RECEIVE EMAIL OR AUTODIALER CALLS <input type="checkbox"/> YES <input type="checkbox"/> NO	
FULL ADDRESS (IF DIFFERENT THAN STUDENT)		FULL ADDRESS (IF DIFFERENT THAN STUDENT)	
WHO SHOULD BE THE 1 <sup>ST</sup> CONTACT FOR ATTENDANCE OR EMERGENCIES? <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER:			
<b>EMERGENCY + MEDICAL INFO:</b>			
STUDENT EYE COLOUR	STUDENT HAIR COLOUR	ANY DISTINGUISHING MARKS	
MEDICAL ALERT QUESTIONS: <b>PLEASE ANSWER YES OR NO TO THE FOLLOWING, IF YES ADD ALL DETAILS IN THE FOLLOWING SECTION</b>			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	IS YOUR CHILD ON ANY ON-GOING MEDICATION?	
<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?	
IF YES TO ANY INCLUDE ALL DETAILS HERE:			
ALLERGY QUESTIONS: <b>PLEASE ANSWER YES OR NO TO THE FOLLOWING, IF YES ADD ALL DETAILS IN THE FOLLOWING SECTION</b>			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	DOES YOUR CHILD HAVE ANY ALLERGIES? <b>PLEASE STATE ALLERGY BELOW</b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE ANY OF THESE LIFE THREATNING ALLERGIES?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	DOES YOUR CHILD REQUIRE AN EPI PEN?	
IF YES TO ANY INCLUDE ALL DETAILS HERE:			
IMMUNIZATION HISTORY: <b>* THIS INFORMATION WILL BE SHARED WITH FRASER HEALTH</b>			
<input type="checkbox"/> I HAVE INCLUDED A COPY OF MY CHILDS IMMUNIZATION RECORDS WITH MY APPLICATION			
<input type="checkbox"/> I CHOOSE NOT TO IMMUNIZE			

EMERGENCY CONTACT INFORMATION:

\_\_\_\_\_  
DOCTORS NAME

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DENTIST NAME

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
PHONE NUMBER

IF PRIMARY PARENT(S) OR GAURDIAN(S) CAN NOT BE REACHED PLEASE PROVIDE ADDITIONAL EMERGENCY CONTACT INFORMATION HERE:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATION TO STUDENT

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATION TO STUDENT

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATION TO STUDENT

\_\_\_\_\_  
PHONE NUMBER

EMERGENCY INFORMATION SIGN OFF:

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 medical and emergency 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 condition and the medication they require.
- I am aware that the school will report my child's immunization history to Fraser Health.
- I am aware that the teacher/staff working with my child needs to know of my child's condition and medication required.

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

\_\_\_\_\_  
DATE

WHY DO YOU WANT YOUR CHILD TO ATTEND REGENT CHRISTIAN ACADEMY?



## 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:			
Siblings:			
_____	_____	_____	_____
1. NAME	BIRTHDATE	2. NAME	BIRTHDATE
_____	_____	_____	_____
3. NAME	BIRTHDATE	4. NAME	BIRTHDATE
My child speaks and understands English:			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOME			
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? (please check all that apply)			
<input type="checkbox"/> Bible story reading/telling <input type="checkbox"/> Prayer at meals/at night <input type="checkbox"/> Sunday School/Children's church <input type="checkbox"/> AWANA <input type="checkbox"/> Singing worship songs <input type="checkbox"/> 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
- Community Programs
- Sunday School/Children's Church
- Other:

**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 change in his/her family life in the past (e.g., death, separation, birth of a baby, family illness)?

- YES
- NO

If yes, please comment:

<p>My child uses the toilet:</p> <p>Independently</p> <p>With support</p> <p>Not yet ready</p>	<p>My child dresses:</p> <p>Independently</p> <p>With support</p> <p>Not yet ready</p>
<p>My child follows routines:</p> <p>Independently</p> <p>With support</p> <p>Not yet ready</p>	<p>My child put their things in and out of a backpack:</p> <p>Independently</p> <p>With support</p> <p>Not yet ready</p>
<p>If your child requires support in any of these areas, please explain:</p>	
<p>What time does your child go to bed each night or how many hours of sleep to they get each night?</p>	
<p>My child is able to tell you what they want and need</p> <p>most of the time</p> <p>some of the time</p> <p>with some adult support</p>	<p>My child is</p> <p>Left Handed</p> <p>Right Handed</p> <p>Mixed or Preference Unclear</p>

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

<p>My child has worked with (Please check all that apply)</p> <p><input type="checkbox"/> Speech and Language Therapist</p> <p><input type="checkbox"/> Occupational Therapist</p> <p><input type="checkbox"/> Physiotherapist</p> <p><input type="checkbox"/> Behaviour Therapist</p> <p><input type="checkbox"/> Developmental Consultant</p>	<p><input type="checkbox"/> Resource Consultant</p> <p><input type="checkbox"/> Public Health Nurse</p> <p><input type="checkbox"/> Autism Services</p> <p><input type="checkbox"/> Psychologist/Psychiatrist</p> <p><input type="checkbox"/> Other _____</p>
<p>If any reports were developed, are you willing to share these reports to support your child's transition to school?</p> <p>YES</p> <p>NO</p> <p>Please list reports if known:</p>	
<p>Are there any concerns that you would like to share with the school?</p>	



**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.**

I am happy that my child is starting school because:

I am worried about my child starting school because:

I am hoping my child will learn new things at school, such as:

How is your child feeling about starting school, and how do you know?

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.

We are interested in applying for:

- Part Time 3 Day Kindergarten
- Full Time 5 Day Kindergarten

\_\_\_\_\_  
COMPLETED BY

\_\_\_\_\_  
RELATIONSHIP TO STUDENT

\_\_\_\_\_  
DATE

## 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



## 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

**(please attach a photocopy of parent's birth certificate; if parent not born in Canada, please attach a photocopy of proof of Canadian citizenship)**

A Permanent Resident or 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

Study Permit valid for two or more years (**provide** Letter of Acceptance or transcript showing enrolment in degree granting program at a post-secondary institution, **along** with statement of tuition paid, program schedule **and** passport)

Work Permit valid for two or more years (**provide** proof of lawful employment, minimum 20 hours/week, shown on 3 current paystubs **and** passport).

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: \_\_\_\_\_



## 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: \_\_\_\_\_



## 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, doctor's name and number, health insurance 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 (eg. 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
- any promotional material.

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

\_\_\_\_\_  
DATE

- E. The school may prepare name lists (phone directories, class lists, etc) for the sole purpose of school communication. I consent to having my family name and phone number included on such lists.

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

\_\_\_\_\_  
DATE

- F. I acknowledge that copies of my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive to/from activities. I understand that this information will only be related in the event of an accident.

\_\_\_\_\_  
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.



## STUDENT EMERGENCY RELEASE 2024/2025

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:

1.	GRADE:
2.	GRADE:
3.	GRADE:
4.	GRADE:

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

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

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.



## 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.

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).





## PASTOR'S RECOMMENDATION

This is a confidential document. Pastor, please complete and scan to [office@regent.bc.ca](mailto:office@regent.bc.ca)

Parent's Names:				
Family Address:				
Names of children enrolling at RCA:	Name	Grade	Name	Grade

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

How long has this family attended this church?	
Which parents attend church? <ul style="list-style-type: none"> <li>• Both parents</li> <li>• Mom</li> <li>• Dad</li> <li>• Children Only</li> </ul>	What activities are this family actively involved in? <ul style="list-style-type: none"> <li>• Church services</li> <li>• Sunday School/Children's Church</li> <li>• Mid-week activities (AWANA/YOUTH, ETC.)</li> <li>• Volunteer Work</li> <li>• Bible Study</li> <li>• Prayer Group</li> <li>• Other:</li> </ul>
For each student listed above: If you know the student well enough to speak to their character, please name and describe that child.	Child 1:
	Child 2:
	Child 3:
	Child 4:
Would you recommend this family for acceptance at Regent Christian Academy? <ul style="list-style-type: none"> <li>• YES</li> <li>• NO</li> </ul>	

-----  
SIGNATURE

-----  
DATE



## 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.

NAME:	GRADE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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1. Do you want to come to Regent Christian Academy?      YES                  NO  Why or Why not?
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?

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STUDENT SIGNATURE

\_\_\_\_\_  
DATE