



# Cedars Christian School

*"Firmly Planted, Deeply Rooted, Growing Strong" (Ps. 1:3)*

**Student Information**

**Surname** (family name) \_\_\_\_\_

**Given Names** (shown in passport) \_\_\_\_\_

**Sex** (circle one) Male / Female

**Birth date:** \_\_\_\_\_

**Grade Application:** \_\_\_\_\_

**Permanent Mailing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

- \_\_\_\_\_ my child will be residing with his / her parents
- \_\_\_\_\_ my child will be residing with a blood relative
- \_\_\_\_\_ my child requires Homestay

If this is your first child attending Cedars Christian School, please state briefly your reasons for registering your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***For Office Use Only***

Date Received \_\_\_\_\_

Financial Responsibility Form \_\_\_\_\_

Passport and / or  
Student Authorization \_\_\_\_\_

Interview Date \_\_\_\_\_

Report Cards / Transcripts \_\_\_\_\_

Prepaid Tuition \_\_\_\_\_

Pastor's Reference \_\_\_\_\_

Letter of Acceptance Issued \_\_\_\_\_

Registration Fee (\$400) \_\_\_\_\_

Registration Complete \_\_\_\_\_

**Family Information**

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Address** (if different from above)

Street: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Contact Person in Home Country**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Local Contact Person (if available) responsible for student while living in Prince George**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Medical Information**

Physical Condition: \_\_\_\_\_

Is your child able to participate in a full Physical Education Program? \_\_\_\_\_

*\*Please note: A doctor's certificate is required for exemption from PE class, as this is a compulsory subject*

Does your child have any of the following:

Diabetes	_____	Hearing Problem	_____	Heart Condition	_____
Asthma	_____	Vision Problem	_____	Contact Lenses	_____
Epilepsy	_____	Allergies	_____	Other	_____

Briefly explain above condition(s): \_\_\_\_\_

\_\_\_\_\_

Care Card Number (if available): \_\_\_\_\_ Family Doctor (if available) \_\_\_\_\_

**Academic Information**

1. List the last 2 schools attended, starting with the most recent:

School	Grade	Location	Dates of Attendance
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2. Has the student repeated any grades? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Grade \_\_\_\_\_ Year \_\_\_\_\_

3. Does the student have any academic problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please supply details.  
*(this will help establish whether, and how, we can meet the student's needs.)*

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4. Please attach all original plus officially translated **copies of transcripts** and / or **report cards** for the past **two** years.

5. Does the student have, or has she / he experienced any social problems? (Explain)

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6. Please list student's interests and hobbies (eg; soccer, piano, stamp collecting etc.)

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7. Is there anything else you wish to convey to the school?

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*A successful experience at Cedars Christian School depends on the student making his / her best effort in every area of school life. Cedars Christian School reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the School's Code of Conduct and / or Homestay Guidelines.*

*Please notify the International Student Coordinator of any change of address, telephone or fax number.*

1. \_\_\_\_\_ Date \_\_\_\_\_  
**(Parent's Signature)**

2. \_\_\_\_\_ Date \_\_\_\_\_  
**(Parent's Signature)**

### **DOCUMENT CHECKLIST**

- Completed **Registration Form**
- Copy of **Passport** and current **Student Authorization** (if available)
- All original plus officially translated **copies of transcripts** and / or **report cards**
- Completed **Pastor's Reference**
- \$400.00 Cdn Registration Fee** (non-refundable) payable to Cedars Christian School
- Completed **Financial Responsibility Form**

- Upon acceptance and issuance of **Letter of Acceptance**, the full **Tuition Deposit** is required.  
( see Refund Policy )