

**REGISTRATION  
APPLICATION**

REQUESTED START DATE: \_\_\_\_\_  
MONTH YEAR

GRADE APPLYING FOR: \_\_\_\_\_

**Student Information**

Legal Name: \_\_\_\_\_  
Legal Last Name Legal First Name Legal Middle Name

Usual Name: \_\_\_\_\_  
(if different from legal) Usual Last Name Usual First Name

Address: \_\_\_\_\_  
Street City Postal Code

Family Phone #: \_\_\_\_\_ Primary Family Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day  Male  Female

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Primary language spoken at home (specific dialect): \_\_\_\_\_ First language learned (specific dialect): \_\_\_\_\_

Other languages known (specific dialect): \_\_\_\_\_  
 Reads  Speaks  Writes  Reads  Speaks  Writes

Student's BC Health Card #: \_\_\_\_\_

Allergy or health condition that school should be aware of: \_\_\_\_\_

Allergy or health condition has been diagnosed as life threatening:  Yes  No

**Family Information**

Marital Status: Married  Divorced  Widowed  Separated  Single

Custody of student: Both parents  Mother  Father  Other  please describe: \_\_\_\_\_

\*NOTE: If legal custody has been granted to one parent, or other listed individual, copies of signed court documents must be included with application.

**Mother**

Name: \_\_\_\_\_  
Legal Last Name Legal First Name Legal Middle Name Usual First Name (if different from legal)

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Lives with student:  Yes  No If no, home address: \_\_\_\_\_

**Father**

Name: \_\_\_\_\_  
Legal Last Name Legal First Name Legal Middle Name Usual First Name (if different from legal)

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Lives with student:  Yes  No If no, home address: \_\_\_\_\_

Siblings aged 5 or under:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Siblings enrolled in grades K – 8 at other schools:  YES  NO

Church attended by family: \_\_\_\_\_ Length of time attending: \_\_\_\_\_

Not attending any church at present:

**Emergency Contacts**

Person(s) who lives locally and are permitted to pick up student when parent(s) cannot be reached. At least one emergency contact is required. Siblings at the school must have the same emergency contact(s).

1. Name: \_\_\_\_\_  
Legal Last Name Legal First Name Usual First Name (if different from legal)  
Daytime #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Legal Last Name Legal First Name Usual First Name (if different from legal)  
Daytime #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Doctor: \_\_\_\_\_  
First Name Last Name Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_  
First Name Last Name Phone: \_\_\_\_\_

**I/we hereby certify that all information given on this application is complete and accurate.**

Parent/Guardian's Name: \_\_\_\_\_ (please print) Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ (please print) Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

**HOW DID YOU HEAR ABOUT HOPE LUTHERAN CHRISTIAN SCHOOL?**

Friends/Family  Website  Facebook  Other  please describe: \_\_\_\_\_

**O f f i c e U s e O n l y**

B/C <input type="checkbox"/> or P/R <input type="checkbox"/>	Immunization Record <input type="checkbox"/>	L/R <input type="checkbox"/>	PLR <input type="checkbox"/> or FSP <input type="checkbox"/>	Application Fee <input type="checkbox"/>	Date: _____	School Tour <input type="checkbox"/> YES <input type="checkbox"/> NO
Interviewed <input type="checkbox"/>	Placement Offered <input type="checkbox"/>	PAA <input type="checkbox"/>	Admin Fee <input type="checkbox"/>	Tuition deposit <input type="checkbox"/>	Tuition Set-Up <input type="checkbox"/>	Release of Records <input type="checkbox"/> YES <input type="checkbox"/> N/A