



REGENT CHRISTIAN ACADEMY

15100 - 66A Avenue, Surrey, BC V3S 2A6
Phone: 604.599-8171 Fax: 604.599-8175
Email: office@regent.bc.ca Website: www.regent.bc.ca

FORM REVISED: OCT 5, 2010

Current Photo

2011 - 2012 APPLICATION FORM

OFFICE USE ONLY

Date Received:
Interview Date:
Accepted:
Reg Fee:
1st Month:
Siblings:
Referred by:

1. Student's full legal name:

First Name

Middle

Surname

2. Sex: Male Female

3. Grade Entering:

4. Parent/Guardian Name(s):

5. Address:

Street

City

Province

Postal Code

6. Home Phone:

7. Cell Phone:

8. Birthdate: MM / DD / YYYY

9. Birthplace: City Province Country

10. The student is: a Canadian citizen a permanent resident on a student visa
Supporting documentation must accompany this application.

11. Primary language:

Secondary Language:

12. Church Attending:

13. Address:

14. Pastor's Name:

15. City:

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

School Name

Location

Date of Attend

17. Are you making an application for other children for the 2010-2011 school year?

If YES, please list name(s) and grade(s):

18. Is there currently an IEP in place for your child/ren.

If yes, complete documentation will be needed before acceptance is confirmed.

19. Does your child/ren have special learning needs or require any educational support or assistance? If yes, complete documentation will be needed before acceptance is confirmed.

20. Please describe any academic or social difficulties your child may have.

21. What extra curricular interests does your child have?

22. Will your child be able to participate fully in physical education?

23. Why do you want your child/ren to attend Regent Christian Academy?

24. Father's

- Occupation:
- Place of Business:
- Email:
- Work Phone:

25. Mother's

- Occupation:
- Place of Business:
- Email:
- Work Phone:

26. Student lives with:

- father mother both guardian