



Shuswap Adventist School

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 Salmon Arm, BC V1E 2A9
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 www.shuswapadventistschool.ca

Application Form

Date of Application _____ Renewal _____ New _____

Grade Entering _____ Age _____ Gender ___M___F

Student Information:

1. Full legal name _____
LAST FIRST MIDDLE NICKNAME

2. Physical Address _____
#, STREET CITY PC

Mailing Address _____
#, STREET CITY PC

3. Landline: _____

4. Emails and text messages will be sent out to parents.

Father's Email: _____ Father's Cell: _____

Mother's Email: _____ Mother's Cell: _____

5. Date of Birth _____(m/d/y) Birthplace _____

6. Citizenship _____ If not Canadian, visa type _____
COPY OF VISA REQUIRED

Aboriginal Ancestry: ___N/A___ Inuit ___Metis___ Non-Status ___Status

7. Baptized SDA ___Yes___ No Church Attending _____

8. Applicant lives with _____ both parents _____mother _____father _____other (copy of legal papers required)

9. List previous schools attended (last one first)

School Name	Address/Phone Number	Grade(s) Completed

10. Other children in family not registered at this school

Name	Date of Birth	M/F	Age	Grade	School Attending

11. Parent Information (Please fill in completely)

Information	FATHER	MOTHER	LEGAL GUARDIAN
Name			
Occupation			
Work Phone Number			
Church Membership (name of church attending)			
Citizenship			

Answer questions 12 -14 if this is a new application.

12. Does your child have special learning needs or require any educational support or assistance? ____ Yes ____ No

Has he/she had an educational assessment? ____ Yes ____ No (If yes please provide details.) _____

13. What is your child's attitude toward spiritual matters? _____

14. Why do you want your child to attend Shuswap Adventist School? _____

Student Contract

- I agree to support and abide by the standards set forth in the school handbook and I will order my personal living and conduct in harmony with these principles. My signature pledges my cooperation if admitted.

DATE

STUDENT'S SIGNATURE

Financial Information

My financial obligations are clearly understood and I recognize that my child's account must be kept up to date.

Individual(s) responsible for tuition ____ both parents ____ mother ____ father ____ other (provide name and email)

Other: Name: _____ Email Address: _____

*The school will only provide statements to the designated individual.

Parent Contract

- I agree to the conditions herein stated and will support the regulations and policies as stated in this school's most recent handbook.
- To the best of my knowledge the above questions are complete and correct and the applicant will cooperate with the principles and spirit of this school.
- I understand that any misleading or inaccurate information, including omission of documented pertinent information may nullify my child's acceptance and/or continued enrollment in the school.

DATE

PARENT'S SIGNATURE