

Chinook Winds Adventist Academy

Application for Admissions for
NEW GRADES K-12 STUDENTS

2017-2018



Mission: "Engaging students to follow God completely, serve unselfishly, and achieve excellence."

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February 1, 2017

Dear Parent(s):

Welcome to Chinook Winds Adventist Academy and thank you for your inquiry! We pray that as you consider your child's academic needs this upcoming school year, God would direct and guide your decision. We know it is an awesome responsibility to select the right school for your child. We trust we will be able to provide you with as much information as possible to help you make the best possible decision for your child and family.

Chinook Winds Adventist Academy is one of the best-kept secrets in Calgary! For the past 70 years, CWAA has served the Calgary area with Christian education, beginning in the basement of a Seventh-day Adventist Calgary church in 1945. In 1974 God kindly provided 20 beautifully wooded acres for the school to establish its permanent structure. Since that time CWAA has been blessed immensely with faithful church partnerships and with a healthy partnership with Alberta Education. We are proud to be an independent school operated by the Seventh-day Adventist churches in Calgary. We employ over 20 dedicated teachers and support staff and are proud of our spacious bright classrooms, excellent gymnasium, library, computer lab and portable laptop carts, music room, science lab, kitchen, work-out space, soccer fields, elementary playgrounds and more.

As we embark on a new school year we first look back and praise God for his leading in the past and then look towards the future with confidence that God will go forward with us as we strive to create a center of excellence at Chinook Winds Adventist Academy. Our mission is to "engage students to follow God completely, serve unselfishly and achieve excellence". We strive to achieve our mission by ensuring that our students are provided with a holistic education where they can grow in all areas of their lives: spiritually, mentally, socially, physically and emotionally. By creating a nurturing environment and setting high expectations we strive to enable students to achieve their personal best. Additionally, we are committed to developing enthusiastic, engaged and motivated learners who are confident in Jesus Christ. "It's in Christ that we find out who we are and what we are living for. Long before we first heard of Christ and got our hopes up, he had his eye on us, had designs on us for glorious living, part of the overall purpose he is working out in everything and everyone." Ephesians 1:11-12 (The Message Bible)

We thank you for considering our school among your education choices in Calgary. We are eager to share our passion for Christian education with you and your children and look forward to welcoming you into our school community!

In Him,

Principal



3 STEP ADMISSIONS PROCEDURE

Step One: Application

Complete the Application Form and check off the following required documentation.

√	REQUESTED ITEMS FOR ENROLLMENT
	<p>Required Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-refundable Application fee of \$150 per student <input type="checkbox"/> New Student Application Form <input type="checkbox"/> Copy of recent Report Card(s) ** <input type="checkbox"/> Copy of all previous IPP's, professional educational testing (Speech & Language Therapy, Occupational Therapy, Physical Therapy, Psychoeducational Testing, Medical Diagnosis relevant to education, etc.) <input type="checkbox"/> Copy of Birth Certificate or Permanent Residency Card <input type="checkbox"/> Copy of Alberta Health Care Card <input type="checkbox"/> Copy of Passport, Immigration Papers or Student Visa (<i>international student and for child(ren) holding Canadian Citizenship</i>) <input type="checkbox"/> Copy of Legal Parental Agreements (if applicable) NOTE: Please submit copy of court document and inform school office of any parental restrictions. <input type="checkbox"/> Student Code of Conduct Form ** <input type="checkbox"/> Financial Information Form (Fee Schedule, Page 8) <input type="checkbox"/> Payment Form <input type="checkbox"/> Personal Information Protection Act (PIPA) Form <input type="checkbox"/> Volunteer Registration Form <input type="checkbox"/> Severe Allergy / Health Concern Alert Form (<i>if applicable</i>) <input type="checkbox"/> Parent School Bus Agreement Form (<i>if applicable</i>) <input type="checkbox"/> Student School Bus Agreement Form (<i>if applicable</i>) <input type="checkbox"/> Character Reference Form <input type="checkbox"/> Educator Reference Form ** <input type="checkbox"/> Request and Authorization for Release and Exchange of Information Form ** <p>**Not required for Junior Kindergarten Applicants</p>

Step Two: Personal Interview

Once a completed application has been received, an interview will be scheduled with the Admission Team. The presence of both parent(s) and student(s) is requested for this interview. (**Academic Testing:** All ESL students will be tested prior to admission to determine English proficiency (minimum Level 3 entrance requirement). All K-3 applicants will be given a readiness assessment to determine placement. Placement testing for other grades will be conducted where necessary. The age requirement for Senior Kindergarten is 5 years by Sept 30 and the age requirement for Junior Kindergarten is 4.5 years by Sept 1.

Step Three: Notification

After careful review of the student's application, interview, academic records, and recommendations, the Admissions Team will make their decision and communicate this decision with the family. A confirmation letter will be emailed. Students accepted into classes already at capacity will be placed on a waiting list.

For our information, we would appreciate if you could answer the following questions:

We first learned of CWAA through: (please check only one)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Current CWAA Student/Family | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Special Event: |
| <input type="checkbox"/> Former CWAA Student/Family | <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Church | <input type="checkbox"/> Open House | |

“Engaging students to follow God completely, serve unselfishly, and achieve excellence.”



NEW STUDENT APPLICATION FORM

A. FAMILY INFORMATION

PRIMARY FAMILY ADDRESS: _____
CITY: _____ PROVINCE: _____ POSTAL CODE: _____
HOME PHONE: _____

PARENT/GUARDIAN #1: _____
Legal Surname *Legal Given Names (First and Middle)*
RELATIONSHIP TO STUDENT: Father Mother Grandparent Guardian Has Legal custody Lives with student(s)
CELL PHONE: _____ EMAIL: _____
ADDRESS (if different than primary): _____
CITIZENSHIP: Canadian Other _____ CHURCH MEMBERSHIP: _____
OCCUPATION: _____ WORK PHONE: _____

PARENT/GUARDIAN #2: _____
Legal Surname *Legal Given Names (First and Middle)*
RELATIONSHIP TO STUDENT: Father Mother Grandparent Guardian Has Legal custody Lives with student(s)
CELL PHONE: _____ EMAIL: _____
ADDRESS (if different than primary): _____
CITIZENSHIP: Canadian Other _____ CHURCH MEMBERSHIP: _____
OCCUPATION: _____ WORK PHONE: _____

B. STUDENT(S) INFORMATION *(please fill in and check the boxes that apply)*

STUDENT #1: _____ GRADE: _____ <i>Legal Surname</i> <i>Legal Given Names (First and Middle)</i> <i>Preferred Name</i> BIRTHDATE: _____ EMAIL: _____ GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female ALBERTA LEARNING #: _____ CURRENT SCHOOL: _____ CITIZENSHIP: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other _____ CHURCH MEMBERSHIP: _____ ALBERTA HEALTH CARE #: _____ BAPTIZED SDA MEMBER: <input type="checkbox"/> No <input type="checkbox"/> Yes MEDICAL PROBLEMS: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____ SEVERE ALLERGY? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill out the Severe Allergy/Health Concern Alert Form

STUDENT #2: _____ GRADE: _____ <i>Legal Surname</i> <i>Legal Given Names (First and Middle)</i> <i>Preferred Name</i> BIRTHDATE: _____ EMAIL: _____ GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female ALBERTA LEARNING #: _____ CURRENT SCHOOL: _____ CITIZENSHIP: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other _____ CHURCH MEMBERSHIP: _____ ALBERTA HEALTH CARE #: _____ BAPTIZED SDA MEMBER: <input type="checkbox"/> No <input type="checkbox"/> Yes MEDICAL PROBLEMS: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____ SEVERE ALLERGY? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill out the Severe Allergy/Health Concern Alert Form

STUDENT #3: _____ GRADE: _____ <i>Legal Surname</i> <i>Legal Given Names (First and Middle)</i> <i>Preferred Name</i> BIRTHDATE: _____ EMAIL: _____ GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female ALBERTA LEARNING #: _____ CURRENT SCHOOL: _____ CITIZENSHIP: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other _____ CHURCH MEMBERSHIP: _____ ALBERTA HEALTH CARE #: _____ BAPTIZED SDA MEMBER: <input type="checkbox"/> No <input type="checkbox"/> Yes MEDICAL PROBLEMS: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____ SEVERE ALLERGY? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill out the Severe Allergy/Health Concern Alert Form included in package.
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EMERGENCY CONTACT #1: _____ **RELATIONSHIP TO STUDENT:** _____
HOME PHONE: _____ **CELL PHONE:** _____

EMERGENCY CONTACT #2: _____ **RELATIONSHIP TO STUDENT:** _____
HOME PHONE: _____ **CELL PHONE:** _____

C. QUESTIONNAIRE FOR GRADE 1-12 APPLICANT:

Please answer the following questions:	Student 1:	Student 2:	Student 3:
Has the applicant ever been retained or repeated a grade in school? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant received tutoring in the past two years? If so, what subjects and how many sessions per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been referred or received professional educational testing, Speech & Language Therapy, Occupational Therapy, Physical Therapy, Behavioral Testing, Psycho-educational Testing? If Yes, please include copy of assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been on a school IPP? If Yes, please provide a copy of the IPP with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been suspended, expelled, dismissed, or refused admission to another school? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been in trouble with the law (arrested, charged)? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. QUESTIONNAIRE FOR KINDERGARTEN (JUNIOR AND SENIOR KINDERGARTEN) APPLICANTS ONLY:

Has your child previously attended a preschool, daycare, day home or Kindergarten program. If yes, please list organization and year(s) attended.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child speak and understand English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak any other languages in your home? If yes, please list.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant able to use the washroom facilities independently? If so, how long has he/she been toilet trained? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been involved in organized activities (e.g. Sabbath school, sports, etc.) where a parent is not the leader? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate that the applicant will experience separation anxiety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant had experience using SCISSORS, CRAYONS, MARKERS, PENCILS correctly with the proper grip? If yes, please circle all that apply.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your child's favorite activities or special interests? (use additional space if required)	
Does the applicant have any fears or anxieties that the teachers should be aware of? (use additional space if required)	

***Main language spoken at home:** English French Spanish Korean Cantonese/Mandarin Other: _____

***ESL Eligibility:** A student may be eligible for ESL support when the primary language spoken at home is a language other than English. Please note CWAA does not offer an ESL Program, but is able to offer a limited number of ESL supports. Will your child (ren) require ESL support? Yes No

***Aboriginal Self-identification:** If you wish to declare that your child (ren) is an Aboriginal person(s), please specify: First Nations (Status) First Nations (Non-Status) Metis Inuit (For further information, please refer to: <http://education.alberta.ca/system-supports/results-reporting> or contact Alberta Education at 780-427-8501. If you have questions regarding the collection of student information by the school, please contact CWAA.)

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STUDENT CODE OF CONDUCT FORM

ONE FORM COMPLETED PER STUDENT (GR 1-12)

I determine to do my best and to support the school and its philosophy of providing a quality and wholesome Christian education to it's students. In particular, with God's help I will strive to:

- Achieve personal excellence in all that I do: academics, extracurricular activities, service to others, and behavior;
- Show pride in my work;
- Contribute to a positive learning environment;
- Faithfully develop the gifts and abilities God has given me;
- Be truthful and uphold my integrity;
- Respect God and strive to follow Jesus Christ;
- Respect and honor my parents and teachers for their knowledge, guidance, and support;
- Treat others with dignity and respect, acting with compassion and kindness;
- Refrain from harassment and bullying of any kind.

STUDENT COVENANT

- It is my desire to attend CWAA this school year and I commit to honor this Covenant.
- I have read, understand, and will abide by the policies in the Parent-Student Handbook.
- I acknowledge that should my behavior (whether inside CWAA or outside CWAA), become incompatible with the standards of CWAA, I accept that CWAA administration has the right to discipline me.

Print Student Name

Student Signature

Grade

Date

PLEASE ANSWER THE FOLLOWING QUESTIONS: Why do you want to attend CWAA? How can CWAA help you grow in your relationship with Jesus? How will you partner with our school in achieving our mission?



2016-2017 FEE SCHEDULE

GRADE	Annual Fee (SDA Student)	Annual Fee (non-SDA Student)	Annual Fee (International Student)
Application Fees	\$50	\$50	\$50
Registration Fees	\$100	\$100	\$100
Academic Fees			
Kindergarten (Jr/Sr)	\$2,300	\$2,300	\$2,300
Grades 1-6	\$3,100	\$4,000	\$9,700
Grades 7-9	\$3,800	\$4,700	\$10,600
Grades 10-12	\$5,200	\$6,100	\$12,500
Bus Fees	\$1,700 for First Rider, \$1000 for Second + Additional Rider(s)		

Note:

- **REGISTRATION FEES** are nonrefundable fees, which include administrative costs, yearbooks, agendas, and selective technology fees.
- **ACADEMIC FEES INCLUDE** Tuition Fees (Textbooks, salaries, non-consumable teaching resources and salaries), Activity/Resource Fees (consumable student resources, field trips, graduation fees, etc.), Capital Fees (facility costs and improvements).
- CWAA offers two incentive programs: **1.) REFERRAL INCENTIVE** (Families that are instrumental in bringing a new family to CWAA will receive a \$250 discount per newly enrolled family. Both existing and new students must remain enrolled for a full school year to be eligible for the Referral Incentive. The \$250 discount is per family and not per student and will be applied in June.) **2.) MULTI-CHILD FAMILY FEE INCENTIVE** (Families with more than one child will receive a reduction in fees for the second and third siblings:
 - SDA: Grades K = \$90, Grades 1-6 = \$130, Grades 7-9 = \$170, Grades 10-12 = \$230
 - Non-SDA: K = \$100, Grades 1-6 = \$200, Grades 7-9 = \$240, Grades 10-12 = \$300

Additional Costs May Include:

- Extracurricular Athletics: cost varies per team and sport (\$20-\$950)
- Secondary Options Fees: cost varies based on options selected (approximately \$5-50)
- Music program: cost ranges up to \$950
- Retreats: covers the cost of an over-night retreat including transportation, food, accommodations and activities (approximately \$100-200)
- International Mission Trip (Grades 10-12) cost ranges up to \$2,300
- Hot Lunch Program (Kindergarten – Grade 12): optional lunch program (approximately \$5-7 per lunch)
- School Uniforms: cost dependent on student selection
- Fundraisers: a variety of school-wide fundraisers may occur throughout the year



FINANCIAL INFORMATION FORM

PARENT/GUARDIAN (OR PAYEE):

NAME: _____ RELATIONSHIP TO STUDENT: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

STEP 1: _____ *I have included my non-refundable \$100 Registration Fee per student.***STEP 2:** Please use the following Fee Schedule to complete family financial information.

GRADE	SDA Fee	non-SDA Fee	International Fee
Kindergarten (Jr/Sr)	\$2,300	\$2,300	\$2,300
Grades 1-6	\$3,100	\$4,000	\$9,700
Grades 7-9	\$3,800	\$4,700	\$10,600
Grades 10-12	\$5,200	\$6,100	\$12,500
Bus Fees	\$1,700 for First Rider, \$1000 for Second + Additional Rider(s)		

Student (First and Last Name)	Grade	Academic Fees	Bus Fees	Discount <i>(2nd or 3rd child)</i>	Sub-total
TOTAL FEES (ALL STUDENTS)					

STEP 3: Please check one of the following payment options: (commencing September 1, 2017)

- Full Year Payment
 Ten Month On-Line
 Ten Month Pre-authorized Bank Withdrawal (*PAYMENT FORM ON BACK*)
 Ten Month Pre-authorized Credit Card (VISA/MasterCard) (*PAYMENT FORM ON BACK*)
 Other (please state): _____

PARENT/GUARDIAN COMMITMENT

- I commit to paying CWAA all monies owing and agree to the above Tuition and Fee Payment Option.
- I will support Chinook Winds Adventist Academy's philosophy, mission and values.
- I have read the Parent-Student Handbook and I understand and support its policies.
- I will communicate regularly with my child's teachers and attend functions requiring parent participation.
- I will practice the principle found in Matthew 18 regarding conflict resolution.
- I will support the school in maintaining a high standard of Christian conduct for its students.
- I authorize CWAA to provide emergency medical treatment to my child if necessary.
- I confirm that the information detailed in this application is true and correct.

Print Parent/Guardian Name_____
Parent/Guardian Signature_____
Date*(Must be signatory on account used for tuition withdrawal)*



PAYMENT FORM

I. PRE-AUTHORIZED CREDIT CARD (VISA OR MASTERCARD)

Please circle which credit card will be used: Visa MasterCard

Please enter credit card information here:

Name on Credit Card: _____

Credit Card Number: _____

Expiry Date: _____

Security No. on Back: _____

Signature: _____

II. PRE-AUTHORIZED BANK WITHDRAWAL

ATTACH VOID CHEQUE HERE

Signature: _____



PERSONAL INFORMATION PROTECTION ACT (PIPA) FORM

The Personal Information Protection Act (PIPA) protects the personal information of the public and employees of private sector organizations operating in Alberta. It governs the collection, use and disclosure of personal information by organizations in a manner that recognizes and balances the right of an individual to have their personal information protected, and the need of an organization to collect, use or disclose personal information for purposes that are reasonable. CWAA is bound by the requirements of this Act and collects, uses or discloses personal information in accordance with its provisions.

Please initial each choice and complete only one form per family.

1) Parent Contact Information (Please initial one)

In order to effectively administer the activities of the school, it is desirable to provide parent contact information to CWAA staff and volunteers.

I consent to CWAA disclosing my personal contact information as necessary. My contact information may be used for class lists, team rosters, school directories, volunteer directories, and any other activities reasonably related to the operation of the educational and extra-curricular activities of CWAA.

I do not consent to the disclosure of my personal contact information for the purposes described above.

2) General Media (Please initial one)

I consent to photographs and/or videos of my child/children being used on class webpages and in CWAA's promotional material (yearbook, newsletters, bulletin board, website and any other school publication). My child's name will not be associated with any photograph or video that is used in promotional material or on CWAA's promotional videos or web site. I will not hold CWAA responsible in any way if these pictures are used by individuals for purposes other than was originally intended.

I do not consent to the use of photographs and/or videos as described above.

Student Last Name	Student First Name	Entering Grade

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Please be advised that personal information of students will be shared with the North American Division for the purposes of furthering and improving the education in the Seventh-day Adventist Church Education System. This sharing is not in violation of any Canadian privacy legislation as the Seventh-day Adventist Church in Canada is a division of the North American Division of the Seventh-day Adventists. Personal information may also be provided to the Minister of Education for the purposes of carrying out programs, activities, or policies under this jurisdiction.

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VOLUNTEER REGISTRATION FORM

Volunteers compliment, assist and partner with our staff at CWAA. We appreciate this contribution greatly and strive to offer our volunteers a productive and rewarding experience. It is our hope that each family will participate in various volunteer opportunities throughout the year.

PARENT/GUARDIAN NAME(S): _____ **Contact Phone #:** _____

- I will submit a valid *Police Information Check to CWAA* (Date Completed: _____).
- I have read and agree to the *VOLUNTEER CODE OF CONDUCT* in the Student-Parent Handbook.

Please make your choices by checking the box next to the area(s) you wish to volunteer for:

CLASSROOM/STUDENT SUPPORT	
<input type="checkbox"/>	CLASSROOM PARENT - work with the classroom teacher to organize jobs, classroom helpers, photocopying, laminating, other prep work.
<input type="checkbox"/>	CLASSROOM GUEST SPEAKER
OUTREACH/MISSIONS	
<input type="checkbox"/>	PRAYER TEAM COORDINATOR - coordinate meeting times and place, keep in touch with team members and put announcements in Monday Breeze.
<input type="checkbox"/>	TERRY FOX RUN - work with staff member to help organize this event.
<input type="checkbox"/>	SAMARITAN'S PURSE SHOEBOX CAMPAIGN - duties include in-school (i.e. chapels) and classroom promotion of campaign, collecting and counting boxes, setting a start date, organizing a pick up date with Samaritan's Purse and getting promotional pamphlets, videos, boxes from Samaritan's Purse.
<input type="checkbox"/>	CHAPEL SPEAKER
<input type="checkbox"/>	MUSIC CONCERTS - help organize, decorate, supervise volunteers, help at bake sale, etc.
ATHLETICS	
<input type="checkbox"/>	COACH - Please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
<input type="checkbox"/>	ASSISTANT COACH - Please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
<input type="checkbox"/>	DRIVER - transporting students to games. (Must have a completed driver form and a copy of \$2,000,000 insurance on file at the school office).
<input type="checkbox"/>	ELEMENTARY SPORTS DAY - work with staff member to help organize this event.
LIBRARY	
<input type="checkbox"/>	SCHOLASTIC BOOK FAIR HELPER – book sales, set-up and cleanups.
<input type="checkbox"/>	LIBRARY HELPER - sort books, re-shelving books, inventory, year end cleanups, etc.
<input type="checkbox"/>	VOLUNTEER READING PROGRAM HELPER – read with children.
FOOD	
<input type="checkbox"/>	COORDINATOR - organize parent teacher interview suppers, staff appreciation lunches, work day lunches, oversee helpers, etc.
<input type="checkbox"/>	HELPER - prepare or coordinate dishes for staff appreciation lunches, parent teacher interview suppers, maintenance work day lunches, crisis/community care for families, special events, etc.
FUNDRAISER(S) EVENTS	
<input type="checkbox"/>	OPEN HOUSE(S) - help organize, plan, advertise, decorating, host/greeter, set-up or cleanup, etc.
<input type="checkbox"/>	ENTERTAINMENT/SUTP - set dates, organize volunteers, help deliver books to classrooms, take orders before and after school, etc.
<input type="checkbox"/>	HIKE-A-THON - work with staff member to help organize this event.
<input type="checkbox"/>	CITRUS SALES - track orders and arrange delivery of citrus.
<input type="checkbox"/>	POINSETTIA SALES - track orders and arrange delivery of poinsettias
MISCELLANEOUS	
<input type="checkbox"/>	BULLETIN BOARDS - help decorate hallway bulletin boards.
<input type="checkbox"/>	LOST & FOUND - help clean out, sort and display items from the 'lost & found' bin.
<input type="checkbox"/>	UNIFORMS: help sort, display and place price-tags on uniform items for re-sale.
<input type="checkbox"/>	CLEANING BEE COORDINATOR – help set dates in liaison with Principal; outline specific duties or projects that will be undertaken for each work bee date. Help with advertising the events in church bulletins.
<input type="checkbox"/>	VOLUNTEER COORDINATOR
OTHER – please state preference	
<input type="checkbox"/>	
<input type="checkbox"/>	



SEVERE ALLERGY / HEALTH CONCERN ALERT FORM

COMPLETE ONLY IF STUDENT HAS A DANGEROUS, LIFE-THREATENING ALLERGY.

STUDENT: _____ **ENTERING GRADE:** _____
Legal Surname Legal Given Names (First and Middle)

MEDIC ALERT ID: _____

DESCRIPTION OF ALLERGY & PRECAUTIONS

This student has a **DANGEROUS, LIFE-THREATENING ALLERGY** to the following:

This student uses an Inhaler? Yes No

This student uses an EpiPen? Yes No

SYMPTOMS FOLLOWING EXPOSURE TO AN ALLERGEN CAN INCLUDE: *(check which apply)*

- | | |
|---|--|
| <input type="checkbox"/> hives and itchiness on any part of the body; | <input type="checkbox"/> nausea, vomiting, diarrhea; |
| <input type="checkbox"/> coughing, wheezing or change of voice; | <input type="checkbox"/> difficulty breathing or swallowing; |
| <input type="checkbox"/> fainting or loss of consciousness; | <input type="checkbox"/> panic or sense of impending doom; |
| <input type="checkbox"/> swelling of any body parts, eyelids, lips, face or tongue; | <input type="checkbox"/> throat tightness or closing; |
| <input type="checkbox"/> other, please specify _____ | |

- I agree to allow CWAA to share my student’s picture, take the emergency measures as necessary, with the staff of the school and health care providers.
- I will provide CWAA with updated medical information regarding my child during the school year.
- If my child uses an Inhaler or EpiPen, I will provide CWAA office with an up-to-date Inhaler or EpiPen.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

PARENT SCHOOL BUS AGREEMENT

“Engaging students to follow God completely, serve unselfishly, and achieve excellence.”



Terms and Conditions

The following terms and conditions form part of this Charter Transportation (Southland Bus Company) contract.

1. The Parent/Guardian acknowledges and agrees that the student must comply with the School Bus Safety Rules and School Bus Protocol while being transported to and from school.
2. The Parent/Guardian is responsible for the safety of their student travelling to, from and at the bus stop.
3. The Parent/Guardian understands that no changes shall be made regarding specific pick-up/drop-off locations and times without prior written request.
4. The Parent/Guardian agrees that routes will be determined after all bus information has been received from all families. Bus routes are determined according to route safety and congregated community stops. Southland does not guarantee front door pick-up.
5. The Parent/Guardian agrees to pay the annual fee referred to in this Contract.
6. If the Parent/Guardian moves his/her residence during the school year, Southland provides no assurance that bus services will still be available at the new residence.
7. If the Parent/Guardian no longer requires transportation services, a prorated refund will be administered upon the receipt of the Parent/Guardian's request in writing.
8. The bus company considers all stops to be full time and the school is charged accordingly. Students riding full or part-time pay the same rate.
9. The Parent/Guardian agrees to directly contact Southland by phone (403-205-6688) when students are not riding the bus during the day or for a longer periods of time.
10. In the event of a late bus (over 15 minutes late), the Parent/Guardian will check Southland's website, www.myschoolbusmonitor.com or call dispatch (403-398-6975) to receive updates.
11. The Parent/Guardian understands that the student must be ready at his/her bus stop 5 minutes before the bus arrives; the scheduled "pick-up" time is the time when the bus pulls away from the stop.

STUDENT NAME	ENTERING GRADE	STUDENT PRIMARY RESIDENCE ADDRESS	SERVICE START DATE

AUTHORIZATION AND RELEASE OF INFORMATION AND ACCEPTANCE OF TERMS AND CONDITIONS

In signing this form:

- I am giving permission to CWAA to share the information above with the transportation provider for the purpose of transportation planning and administration;
- I certify that the information given in this application and in any documents attached is updated, correct and complete;
- I have read and agree with the terms of the Student School Bus Agreement;

Print Parent/Guardian Name

Parent/Guardian Signature

Date

STUDENT SCHOOL BUS AGREEMENT

"Engaging students to follow God completely, serve unselfishly, and achieve excellence."



Terms and Conditions

I understand that riding on the school bus is a privilege and not a right. I understand that I am responsible for my conduct while on the bus. I acknowledge that the school bus driver is responsible for my safety and transportation and I am accountable to the bus driver while riding the bus. I understand that violating this agreement will result in disciplinary action and possibly a loss of bus riding privileges. My signature below indicates that I have read the following School Bus Agreement and I am committed to honoring and following the rules.

In particular, I will:

- Be ready at my bus stop 5 minutes before the bus arrives;
- Go promptly to my bus after school. Busses are scheduled to leave 10 minutes after the 3:15 p.m. bell rings.
- Remain on the bus until my approved destination has been reached;
- Be ready for and promptly get off the bus when my destination has been reached;
- Remain seated while the bus is in motion and sit facing forward with legs, arms and hands in the seat and not in the aisles or out windows;
- Not eat or drink on the bus;
- Dispose of garbage in the assigned garbage before leaving the bus;
- Address the bus driver with courtesy and respect and follow their direction;
- Not distract the bus driver;
- Show courtesy and respect to all bus riders;
- Refrain from the use of inappropriate language;
- Refrain from yelling or speaking loudly on the bus;
- Refrain from throwing objects on the bus or out the bus windows;
- Refrain from harassment and bullying of any kind;
- Treat the bus with respect and report any damage;
- Represent the school to the public honorably while riding on the bus;
- Be a good citizen while riding the bus;
- Read and sign the School Bus Agreement prior to receiving bus transportation;
- Honor and follow the student policies as outlined in the Parent/Student Handbook.

Bus protocols:

- The bus will depart on Monday to Thursday at 3:25 p.m.;
- The bus will depart on Friday at 1:30 p.m.;
- Students that are late to the bus will be left behind;

PLEASE SIGN

STUDENT NAME:	ENTERING GRADE	STUDENT SIGNATURE	DATE



CHARACTER REFERENCE FORM

CHINOOK WINDS ADVENTIST ACADEMY 10101 2ND AVE S.W. CALGARY, ALBERTA T3B 5T2 PHONE: (403) 286-5686
ONE FORM COMPLETED PER STUDENT

Name of Student Applying: _____

Your Name: _____ Title: _____

Church/Organization: _____ Phone: _____

TO BE COMPLETED BY PASTOR, YOUTH LEADER, CHILDREN'S MINISTER, SABBATH SCHOOL LEADER/TEACHER OR A CHRISTIAN ADULT ACTIVELY INVOLVED IN THE CHILD'S LIFE.

The above student has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school and church. **Please assist us by completing this form and returning this form directly to the school by fax:** (403) 247-1623. New families are not interviewed until this form is received. CWAA will keep the contents of this questionnaire confidential. Thank you for taking the time to fill this form out. Your input is very valuable.

1. How long have you known the student? _____ What is your relationship with this student? _____

2. How often are you in contact with the student? Weekly Monthly Occasionally Seldom

3. Please place a check in one box in each category.

Participation	Self-Control	Integrity	Friendships
<input type="checkbox"/> High level of participation in activities	<input type="checkbox"/> Maintains a high level of self-control during activities	<input type="checkbox"/> Consistently responsible and honest – owns own behavior and actions	<input type="checkbox"/> Gets along extremely well with other peers
<input type="checkbox"/> Consistently active participator in activities	<input type="checkbox"/> Overall a good level of self-control during activities	<input type="checkbox"/> Generally responsible and honest - owns behavior and actions.	<input type="checkbox"/> Liked by others and overall gets along well with peers
<input type="checkbox"/> Inconsistent participator	<input type="checkbox"/> Blurts out/yells; uses inappropriate language	<input type="checkbox"/> Concern over honesty - will not own behavior or actions.	<input type="checkbox"/> Avoided by peers
<input type="checkbox"/> Will not participate in activities	<input type="checkbox"/> Will wander away from/leave activities.		<input type="checkbox"/> Concern(s) observed in peer relationships
<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe

4. Please place a check next to the following statements that represent the student.

<input type="checkbox"/> positive attitude	<input type="checkbox"/> adaptable	<input type="checkbox"/> playful and carefree
<input type="checkbox"/> polite towards others	<input type="checkbox"/> quiet or shy	<input type="checkbox"/> appropriate emotional responses
<input type="checkbox"/> teachable spirit	<input type="checkbox"/> outgoing / socially confident	<input type="checkbox"/> forgives easily
<input type="checkbox"/> thankful and appreciative	<input type="checkbox"/> assertive	<input type="checkbox"/> in control of emotions
<input type="checkbox"/> respectful of authority	<input type="checkbox"/> creative	<input type="checkbox"/> shows aggression towards others
<input type="checkbox"/> obedient towards parents	<input type="checkbox"/> spiritually minded	<input type="checkbox"/> easily trusts others

5. In two or three sentences, please describe your experience with this student. _____

Signature of Referee

Date

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EDUCATOR REFERENCE FORM

CHINOOK WINDS ADVENTIST ACADEMY 10101 2ND AVE S.W. CALGARY, ALBERTA T3B 5T2 PHONE: (403) 286-5686
ONE FORM COMPLETED PER STUDENT

Name of student applying: _____

Your Name: _____ Position: _____

School Name & Address: _____

TO BE COMPLETED BY A TEACHER WHO HAS TAUGHT THE CHILD WITHIN THE LAST YEAR

The above student has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school and church. **Please assist us by completing this form and returning this form directly to the school by fax: (403) 247-1623.** New families are not interviewed until this form is received. CWA will keep the contents of this questionnaire confidential. Thank you for taking the time to fill this form out. Your input is very valuable.

1. How long have you known the student? _____ In what relationship? _____

2. Please check the box that best describes this student:

	Consistently	Often	Occasionally	Seldom
Completes work on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for other peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is efficient in time management and completing tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous and polite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest and accepts responsibility and ownership for behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obedient to authority and accepts correction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has healthy and age appropriate friendships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fails to give close attention to details or makes careless mistakes in work or other activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is frustrated easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty sustaining attention in tasks or play activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty organizing tasks and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty tolerating changes in routines, plans and expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaves the seat in classroom or in other situations, where expected to remain seated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often blurts out or interrupts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misses oral directions in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is distracted or has trouble functioning if there is noise in the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is reluctant to join in group activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Was this student on an Individualized Program Plan at your school? Yes No

4. Has this student ever been recommended for psychological/educational testing or Resource Support? Yes No

5. If we have questions regarding this student, would you be willing to have us contact you? Yes No

Phone #: _____ Email: _____

Teacher Signature

Position

Date



Chinook Winds Adventist Academy

10101 – 2nd Avenue SW
Calgary, Alberta T3B 5T2
Telephone: (403) 286-5686
Fax: (403) 247-1623
Email: cwaa2@cwaa.net

REQUEST AND AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

PLEASE COMPLETE AND RETURN ONE FORM PER CHILD

Name of Last School Attended: _____

Address of Last School Attended: _____

School Phone Number: _____

School Fax Number: _____

Please send cumulative records for the following student now registered at our school:

_____	_____	_____
<i>Student Name</i>	<i>Birthdate</i>	<i>Grade Last Attended</i>

I hereby authorize the release and exchange of educational, behavioral, psychological and medical information concerning my child.

_____	_____	_____
Print Parent/Guardian Name	Parent/Guardian Signature	Date



ECS TRANSPORTATION CONTRACT FOR REIMBURSEMENT
(Jr/Sr Kindergarten Applicants Only)

2017-2018 School Year

Name of School: **Chinook Winds Adventist Academy**
Student Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____

I (parent/guardian) _____ live more than 2.4 kilometres from the school. I understand that I am responsible for providing transportation for my ECS child(ren) to and from school each day from **August 31, 2017** to **June 22, 2018**.
(mm/dd/yyyy) (mm/dd/yyyy)

My child will be transported as follows (please indicate):

- (1) By Parent/Guardian _____
- (2) By School Bus _____ Bus Route #: _____
- (3) Other (describe) _____

According to this contract I will receive an amount up to the government stipulated amount as reimbursement for the cost I will incur in the current school year if all the conditions stipulated in the most current student funding manual for school authorities are met.

Date: _____

Parent/Guardian Signature

Date: _____

School Representative

* This application is due at the time of registration.