

Chinook Winds Adventist Academy  
**Grades K to 12 Application for Admissions, 2019-2020**



**APPLICANT INFORMATION**

Legal Surname: \_\_\_\_\_ First and Middle Names: \_\_\_\_\_

Birthdate (MM/DD/YR): \_\_\_\_\_ Gender:  Male  Female Grade Requested: \_\_\_\_\_

Current School: \_\_\_\_\_ ASN #: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Baptized:  Yes  No

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

What is the applicant's language spoken at home? \_\_\_\_\_

If English is not the applicant's first language, at what age did they start speaking in English? \_\_\_\_\_

Applicant is a Canadian citizen  Yes  No If No, ***please check*** the following:

- Yes  No Permanent Resident/Landed Immigrant (*submit copy of Permanent Resident Card*)
- Yes  No Child of legally admitted Temporary Resident (*submit copy of Parental Work/Study Permit*)
- Yes  No Child of a Canadian Citizen

**PARENT/GUARDIAN INFORMATION #1:**

(First Name & Surname)

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

Title (please circle) Mr. Mrs. Ms.

Relationship to Student: \_\_\_\_\_

Has Legal custody  Yes  No

Lives with student  Yes  No

Home Address

\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Citizenship:  Canadian  Other \_\_\_\_\_

School reports to be sent to:  Both parents  Parent/Guardian #1  Parent/Guardian #2

\*Please note: If child is under the sole custody of a parent, Chinook Winds Adventist Academy requires a copy of legal Parental Agreements NOTE: Please submit copy of court document and inform school office of any parental restrictions.

**PARENT/GUARDIAN INFORMATION #2:**

(First Name & Surname)

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

Title (please circle) Mr. Mrs. Ms.

Relationship to Student: \_\_\_\_\_

Has Legal custody  Yes  No

Lives with student  Yes  No

Home Address (if different to parent/guardian #1)

\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Citizenship:  Canadian  Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (when unable to contact parent/guardian)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Does your child currently (or have they in the past):

- |                                 |  |  |  |
|---------------------------------|--|--|--|
| Require special accommodations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive in-class support?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive ESL support?            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive counseling?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive tutoring support?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Repeated a grade in school?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Takes routine medication?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has medical issues or<br>life-threatening allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes to any of the above, please provide details:

Has your child ever been suspended or expelled from school?  Yes  No

Does your child, or have they in the past, had any behavioral / emotional challenges?  Yes  No

If yes to any of the above, please provide details:

Has your child ever been referred to / tested by outside agencies? ( e.g. educational psychologist / speech pathologist / educational assessment)  Yes  No *If yes, please provide additional information and attach documentation:*

Will your child require ESL support?  Yes  No (ESL Eligibility: A student may be eligible for ESL support when the primary language spoken at home is a language other than English)

Do you wish to declare that your child is an Aboriginal person(s)?  Yes  No

If yes, please specify:  First Nations (Status)  First Nations (Non-Status)  Metis  Inuit

**COMPLETION OF THE APPLICATION PROCEDURE:**

**All applicants must provide:**

- \$100.00 non-refundable Application Fee
- Copy of Canadian Birth Certificate or copy of Canadian Citizenship Certificate
- Copy of Alberta Health Care card
- Copy of most recent Report Card (not K)
- Character Reference Form
- Educator Reference Form (not K)
- Financial Information Form
- Personal Information Protection Act (PIPA) Form

- Request and Authorization for Release and Exchange of Information Form (not K)

**Additional documents for Non-Canadian citizens:**

- Copy of Student’s Permanent Residency Card
- Copy of valid Student Study Permit
- Copy of Parent’s Work Permit or Study Permit and copy of Passport

**Please also provide the following if they apply to your child:**

- Copy of all previous IPP’s, professional educational testing (Speech & Language Therapy, Occupational Therapy, Physical Therapy, Psychoeducational Testing, Medical Diagnosis relevant to education, etc.)
- Severe Allergy / Health Concern Alert Form
- Parent School Bus Agreement Form
- Student School Bus Agreement Form
- Volunteer Registration Form

**PLEASE NOTE: \*\*Incomplete Applications will not be Processed\*\***

## PARENT COMMITMENT

- I understand that admission is subject to formal acceptance at the discretion of Chinook Winds Adventist Academy.
- I 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 understand that enrollment at Chinook Winds Adventist Academy is to be conditional upon the applicant maintaining their Student Commitment.
- I authorize Chinook Winds Adventist Academy to provide emergency medical treatment to my child if necessary.
- I have disclosed full and accurate information about the applicant(s).
- I understand that withholding pertinent information or falsifying information on this application automatically precludes the application from being considered, or will be subject to the dismissal of the student.
- I confirm that this application is made with the knowledge and full support of both parents / legal guardians.

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(Print Name)	(Parent/Guardian #1 Signature)	(Date Signed)
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(Print Name)	(Parent/Guardian #2 Signature)	(Date Signed)
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## STUDENT COMMITMENT

- I determine to do my best and to support the school and its philosophy of providing a quality and wholesome Christian education.
- 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.

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(Print Name)	(Student Signature)	(Date Signed)
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**STUDENT QUESTION:** Why do you want to attend CWAA? How can CWAA help you grow in your relationship with Jesus?

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## FINANCIAL INFORMATION FORM

**PARENT/GUARDIAN (OR PAYEE):**

Name: \_\_\_\_\_ Relationship To Student: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Use the following **Fee Schedule** to complete the table below.

<b>ANNUAL FEES (*Non-refundable)</b>	<b>SDA</b>	<b>Non-SDA</b>	<b>International</b>
<b>New Application Fees</b>	\$150*	\$150*	\$150*
<b>Re-Registration Fees</b>	\$100*	\$100*	\$100*
<b>Kindergarten Fees</b>	\$2,500	\$2,500	\$2,500*
<b>Grades 1-6 Fees</b>	\$3,300	\$4,200	\$9,900*
<b>Grades 7-9 Fees</b>	\$4,000	\$4,900	\$10,800*
<b>Grades 10-12 Fees</b>	\$5,400	\$6,300	\$12,700*
<b>Bus Fees</b>	\$1,900 for First Rider, \$1,200 for Second + Additional Rider(s)		

<b>Student (First and Last Name)</b>	<b>Grade</b>	<b>Academic Fees</b>	<b>Bus Fees</b>	<b>Sub-total</b>
<b>Total Fees (all students)**</b>				

**\*\*Where applicable, multi-student discounts and tuition subsidy will be applied by Business Manager after admissions.**

**Please check one of the following payment options:** (commencing September 3, 2019)

- Full Year Payment  
 Ten Month On-Line  
 Ten Month Pre-authorized Bank Withdrawal (***Please attach VOID CHEQUE to application***)  
 Ten Month Pre-authorized Credit Card (Visa / MasterCard)

**Please circle which credit card will be used:**    Visa    MasterCard

Name on Credit Card: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Security No. on Back: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Yes. I have included my non-refundable \$150 New Registration Fee per student (\$100 each for returning students). This payment accompanies my registration form.

Yes. I commit to paying Chinook Winds Adventist Academy all monies owing, according to the Tuition Fees outlined above.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date Signed)

## PERSONAL INFORMATION PROTECTION ACT (PIPA) FORM

The purpose of this notice is to inform you about the collection and use of student information by CWAA. In most cases the information that we are requesting is required under the School Act. We must provide Alberta Education with specific information on each student. In other instances, the information will be collected and used for activities that will take place throughout the school year. Please understand that we will do our utmost to protect the privacy and confidentiality of the students. For more information please visit the following websites: [foip.alberta.ca/faq/school\\_jurisdictions.cfm](http://foip.alberta.ca/faq/school_jurisdictions.cfm) <http://pipa.alberta.ca/index.cfm?page=faqs/index.html>

If an occasion should arise when you have a concern about how your child's information will be used, please contact the school and we will discuss your concerns.

The following are examples of how personal information may be used for school related activities. In order to assist the school in maintaining a vital and healthy environment, participation of all students is important and encouraged.

### For communication with the community/public:

1. The use of a student's name, photograph, or comments about the student in the school newsletter, calendar, website, or other school publication.
2. The use of student names on art work or other creative work or material displayed at the school or at school sponsored displays within the community.
3. The use of student names for recognition purposes on honour rolls, other awards, or at ceremonies within or for the school.
4. Photos of student shared on social media on CWAA affiliated accounts.

### For communication with and between the staff:

5. The use of student names, telephone number, grade, parent's name and related contact information for absenteeism verification, emergencies, field trips and/or other school sponsored activities.
6. The use of student names, address, phone number, parent's name and related contact information for the provision of transportation services.
7. The use of individual, class, or club photos for school purposes and the use of student photos for student records or other identification purposes.
8. The use of photos/videos of classroom or other school activities by the school where the material will be used within the school. (Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required and you will be contacted prior to the disclosure.)
9. The circulation of information on a "need-to-know" basis regarding students who have severe or life-threatening medical conditions.

### For communication with governing/support agencies:

10. The use of personal information in order to assist individuals who have been contracted to provide ancillary and support services. This may include individuals who provide services through the Regional Collaborative Service Delivery model (RCSD).
11. The sharing of personal information with the Board of Trustees, when required.

**I give permission for the school to use information/photos for my child for all purposes specified above.**

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(Student 1 Name/Grade)

(Student 2 Name/Grade)

(Student 3 Name/Grade)

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(Parent/Guardian Name)

(Parent/Guardian Signature)

(Date Signed)

*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.*

**\* If you have chosen not to give permission please submit an explanation of your concerns on a separate paper so we can be sensitive to your concerns.**

## 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 \_\_\_\_\_ Contact Phone \_\_\_\_\_

- I will submit a valid Police Information Check to CWAA (go to [policeinformationcheck.calgarypolice.ca/](http://policeinformationcheck.calgarypolice.ca/))
- 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:**

<b>CLASSROOM / STUDENT SUPPORT</b>	
	<b>Classroom Parent</b> - work with the teacher to organize jobs, photocopying, laminating, other prep work
	<b>Field Trips</b> – help with supervision of children while on a field trip
	<b>Classroom Guest Speaker</b>
<b>OUTREACH / MISSIONS</b>	
	<b>Prayer Team Coordinator</b> – coordinate meeting times and place, put announcements in Monday Breeze, etc.
	<b>Terry Fox Run</b> - work with staff member to help organize this event
	<b>Music Concerts</b> - help organize, decorate, help at bake sale, etc.
	<b>Chapel Speaker</b>
	<b>Other idea(s):</b>
<b>ATHLETICS</b>	
	<b>Coach</b> - please specify sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
	<b>Assistant Coach</b> - sport(s) of interest _____, Junior or Senior High, Boys or Girls (please circle)
	<b>Driver</b> - transporting students to games (must have a completed driver form and a copy of \$2,000,000 insurance on file)
	<b>Elementary Sports Day</b> – work with staff member to help organize this event
<b>LIBRARY</b>	
	<b>Book Fair Helper</b> – book sales, set-up and cleanup
	<b>Library Helper</b> - sort books, re-shelving books, inventory, year-end cleanup, etc.
	<b>Volunteer Reading Program Helper</b> – read with children
<b>FOOD</b>	
	<b>Coordinator</b> - organize hot lunches, oversee helpers, etc.
	<b>Helper</b> – help prepare and serve hot lunches
<b>FUNDRAISER EVENTS</b>	
	<b>Open House</b> - help organize, plan, advertise, decorate, host/greeter, setup or cleanup, etc.
	<b>Coupon Books</b> - work with staff member to help organize this event
	<b>Hike-a-thon</b> - work with staff member to help organize this event
	<b>Fruit Sales</b> - work with staff member to help organize this event
	<b>Poinsettia Sales</b> - work with staff member to help organize this event
<b>MISCELLANEOUS</b>	
	<b>Bulletin Boards</b> - help decorate bulletin boards
	<b>Lost &amp; Found</b> - help clean out, sort and display items
	<b>Uniforms</b> - help sort, price and display uniform items for re-sale, help at spring uniform sale, etc.
	<b>Cleaning Bee Coordinator</b> – work with Principal to help plan, organize and advertise this event
<b>OTHER</b> – please state preference	

## PARENT SCHOOL BUS AGREEMENT

These Terms and Conditions form part of this Charter Transportation Contract with Southland Bus Company:

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 (403-387-2907) when students are not riding the bus during the day or for a longer period 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](http://www.myschoolbusmonitor.com) or call dispatch (403-387-2907) 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 Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date Signed)

## STUDENT SCHOOL BUS AGREEMENT

### 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.

STUDENT NAME	ENTERING GRADE	STUDENT SIGNATURE (OR PRINT NAME HERE)	DATE



## CHARACTER REFERENCE FORM

CHINOOK WINDS ADVENTIST ACADEMY 10101 2<sup>ND</sup> AVE S.W. CALGARY, ALBERTA T3B 5T2 PHONE: (403) 286-5686

Name of Student Applying: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Church/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE COMPLETED BY A 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 below:

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Print Name)

(Signature of Referee)

(Date Signed)

# EDUCATOR REFERENCE FORM

CHINOOK WINDS ADVENTIST ACADEMY 10101 2<sup>ND</sup> AVE S.W. CALGARY, ALBERTA T3B 5T2 PHONE: (403) 286-5686

Name of Student Applying: \_\_\_\_\_

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

School Name and 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. 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? \_\_\_\_\_ 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 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 – 2<sup>nd</sup> 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:

\_\_\_\_\_

(Student Name)	(Student Birthdate)	(Last Grade Attended)
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I hereby authorize the release and exchange of educational, behavioral, psychological and medical information concerning my child.

\_\_\_\_\_

(Print Name)	(Parent/Guardian Signature)	(Date Signed)
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**ECS TRANSPORTATION CONTRACT FOR REIMBURSEMENT  
(Kindergarten Applicants Only)**

**2019-2020 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 kilometers from the school.  
I understand that I am responsible for providing transportation for my ECS child to and from school each day from September 3, 2019 to June 25, 2020.

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

- By Parent/Guardian
- By School Bus      Bus Route #: \_\_\_\_\_
- 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.

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(Print Name)                                  (Parent/Guardian Signature)                                  (Date Signed)

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(Print Name)                                  (School Representative Signature)                                  (Date Signed)

**\* This application is due at the time of registration.**

**SEVERE ALLERGY / HEALTH CONCERN ALERT FORM**

STUDENT NAME: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

MEDIC ALERT ID: \_\_\_\_\_

**This student has a Dangerous, Life-threatening Allergy and/or Health Concern:** (please describe here)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 _____                                |  |

<ul style="list-style-type: none"> <li>• I agree to allow CWAA to share my student’s picture, take emergency measures as necessary, with the staff of the school and health care providers.</li> <li>• I will provide CWAA with updated medical information regarding my child during the school year.</li> <li>• If my child uses an Inhaler or EpiPen, I will make sure this is with them at all times (in their bags they bring to/from school and when away from school on a field-trip).</li> <li>• If my child uses an Inhaler or EpiPen, I will provide CWAA office with an up-to-date Inhaler or EpiPen.</li> </ul>		
_____	_____	_____
(Print Name)	(Parent/Guardian Signature)	(Date Signed)

February 1, 2019

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 playground 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

### **ADMISSIONS PROCESS & APPLICATION**

Chinook Winds Adventist Academy is pleased to offer an efficient and transparent admissions process for interested students and parents. Families are encouraged to read through the information provided on our website and attend our annual February Open House, Friend Day, or book a School Tour to learn about our school and the programs offered.

#### ***Step One: Application Form and Supporting Documents***

Completed forms can be scanned and emailed to [reception@cwaa.net](mailto:reception@cwaa.net) or dropped off at our reception desk between 8:00 am and 4:00 pm. A letter will be sent via email to acknowledge receipt of your application.

#### ***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 Kindergarten is 5 years by December 31 of the current school year.

#### ***Step Three: Acceptance***

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. Admissions decisions are made with the best interests of the student in mind and are based on a combination of the application, report card marks, interviews, and teacher recommendations. Qualified applicants for whom there are no positions available will be placed on the waiting list. If a vacancy arises, we will contact you immediately. If no placements become available within the school year, we will defer your application to the following school year if requested.

**FOR USE WITH ADDITIONAL APPLICANTS:**

Legal Surname: \_\_\_\_\_ First and Middle Names: \_\_\_\_\_

Birthdate (MM/DD/YR): \_\_\_\_\_ Gender:  Male  Female Grade Requested: \_\_\_\_\_

Current School: \_\_\_\_\_ ASN #: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Baptized:  Yes  No

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

What is the applicant's language spoken at home? \_\_\_\_\_

If English is not the applicant's first language, at what age did they start speaking in English? \_\_\_\_\_

Applicant is a Canadian citizen  Yes  No If No, **please check** the following:

- Yes  No Permanent Resident/Landed Immigrant (*submit copy of Permanent Resident Card*)
- Yes  No Child of legally admitted Temporary Resident (*submit copy of Parental Work/Study Permit*)
- Yes  No Child of a Canadian Citizen

**ADDITIONAL INFORMATION**

Does your child currently (or have they in the past):

- |                                 |  |   |  |
|---------------------------------|--|---|--|
| Require special accommodations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive in-class support?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive ESL support?            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive counseling?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive tutoring support?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Repeated a grade in school?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Takes routine medication?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has medical issues or life-threatening allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*If yes to any of the above, please provide details:*

\_\_\_\_\_

Has your child ever been suspended or expelled from school?  Yes  No

Does your child, or have they in the past, had any behavioral / emotional challenges?  Yes  No

*If yes to any of the above, please provide details:*

\_\_\_\_\_

Has your child ever been referred to / tested by outside agencies? ( e.g. educational psychologist / speech pathologist / educational assessment)  Yes  No *If yes, please provide additional information and attach documentation:*

\_\_\_\_\_

Will your child require ESL support?  Yes  No (*ESL Eligibility: A student may be eligible for ESL support when the primary language spoken at home is a language other than English*)

Do you wish to declare that your child is an Aboriginal person(s)?  Yes  No

*If yes, please specify:*  First Nations (Status)  First Nations (Non-Status)  Metis  Inuit

**STUDENT COMMITMENT**

- I determine to do my best and to support the school and its philosophy of providing a quality and wholesome Christian education.
- 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.

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(Print Name) (Student Signature) (Date Signed)

**STUDENT QUESTION:** Why do you want to attend CWAA? How can CWAA help you grow in your relationship with Jesus?

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## CWAA 2019-2020 FEE SCHEDULE

ANNUAL FEES (*Non-refundable)	SDA	Non-SDA	International
<b>New Application Fees</b>	\$150*	\$150*	\$150*
<b>Re-Registration Fees</b>	\$100*	\$100*	\$100*
<b>Kindergarten Fees</b>	\$2,500	\$2,500	\$2,500*
<b>Grades 1-6 Fees</b>	\$3,300	\$4,200	\$9,900*
<b>Grades 7-9 Fees</b>	\$4,000	\$4,900	\$10,800*
<b>Grades 10-12 Fees</b>	\$5,400	\$6,300	\$12,700*
<b>Bus Fees</b>	\$1,900 for First Rider, \$1,200 for Second + Additional Rider(s)		

- **International Fees:** Once CWAA issues a Letter of Acceptance and the student is issued a Student Visa by the Canadian Immigration Authority, based on CWAA’s Letter of Acceptance, academic fees are non-refundable. Only in the event of inability to attend school due to immigration difficulty, will the tuition fee be refunded.
- **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 5% reduction in fees for each subsequent child.
- **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 \$7-10 per lunch)
  - School Uniforms: cost dependent on student selection
  - Fundraisers: a variety of school-wide fundraisers may occur throughout the year