

Electronic Registration and this Admissions Package must be submitted



Chinook Winds Adventist Academy

New Students

Admissions Package of Supporting Documents Grades K – 12 2021-2022

This Admissions Package contains the following supporting documents:

REQUIRED Supporting Documents. *Please fill out, sign and return.*

- Financial Information Form together with \$150 Application Fee per student
- Parent and Student Commitment Form
- ECS Transportation Contract for Reimbursement (Kindergarten applicants only)
- Character Reference Form (Kindergarten - Gr 12)
- Educator Reference Form (Grades 1-12)
- Request and Authorization for Release and Exchange of Student File (Grades 1-12)

OPTIONAL Supporting Documents. Fill out only if they apply to your child.

- Severe Allergy / Health Concern Alert Form
- Parent School Bus Agreement Form
- Student School Bus Agreement Form
- Volunteer Registration Form

The following items are required:

- Copy of Canadian Birth Certificate **or**
Copy of Canadian Citizenship Certificate **or**
Documents for Non-Canadian citizens:
- Passport and copy of Permanent Residency Card **or**
- Passport and copy of Student's Study Permit **or**
- Passport and copy of Parent's Work Permit or Study Permit

- Copy of all previous Individual Personalized Program, Individual Support Program, etc.
(if applicable to your child)
- Copy of most recent Report Card (required for Grades 1-12)

10101 2nd Avenue S.W., Calgary, AB T3B 5T2
Phone (403) 286-5686, Fax (403) 247-1623
e-mail: reception@cwaa.net Website: www.cwaa.net

A COMPLETED APPLICATION CONSISTS OF:

- # 1: ELECTRONIC SUBMISSION AND
- # 2: PAPER SUPPORTING DOCUMENTS ARE REQUIRED (not part of the electronic process)

Step One: Electronic Registration

Electronic Registration is now open for **New Students** applying at Chinook Winds Adventist Academy for the 2021-2022 school year at the following link or on our website cwaanet.net:

<https://registration.albertasdaedu.org/>

When you go to the Alberta Conference Education Department Registration web page you will use the ‘**New Student**’ link. You will be directed to the PowerSchool Enrollment page and will do the following:

1. Create an account using your usual family email.
2. Sign into your account.
3. Follow the instructions regarding registering your child(ren).

New applicants (Kindergarten – Grade 12) are encouraged to submit their completed application package (**electronic & paper**) at any time. Applications will be reviewed and processed on a first come basis.

Kindergarten registration is now open and applications are being accepted on a first come basis. Parents considering Kindergarten should be aware that this class fills up quickly. ***The age requirement for Kindergarten is 5 years by December 31, 2021.***

Step Two: Admissions Package of Supporting Documents

The required Supporting Documents must also be submitted together with electronic registration. Once completed, forms can be submitted by:

- scanning and emailing to reception@cwaanet.net,
- faxing the forms to 403-247-1623,
- mailing the forms to school address on front cover,
- or drop off the forms at the school office during school hours (return with a student).

Application fees can be paid by cheque (if mailing forms), made in person at the school office or over the phone with a credit card.

Step Three: 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). Placement testing for new students entering Grades 1 through Grade 3 will be conducted.

Step Four: 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. Admission 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 is no space available will be placed on a 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.

****Incomplete Applications will not be Processed****

CWAA 2021-2022 FEE SCHEDULE

ANNUAL FEES <i>*(Non-refundable)</i>	SDA	Non-SDA	International
New Application Fees	\$150*	\$150*	\$150*
Re-Registration Fees	\$100*	\$100*	\$100*
Kindergarten Fees	\$2,600	\$2,600	\$2,600*
Grades 1-6 Fees	\$3,400	\$4,300	\$10,000*
Grades 7-9 Fees	\$4,100	\$5,000	\$10,900*
Grades 10-12 Fees	\$5,500	\$6,400	\$12,800*
Bus Fees	\$2,000 for First Rider, \$1,300 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, tuition 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. **MULTI-CHILD FAMILY FEE INCENTIVE:** Families with more than one child will receive a 5% reduction in fees for the second and third siblings.
 2. **FOURTH CHILD INCENTIVE:** Families with a fourth child attending CWAA will receive 100% reduction in tuition fees. Therefore, the fourth child is exempted from paying tuition fees.
 3. **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. ***If this referral program applies to you please fill out the information below*** (the other family is required to fill out this information on their own form).

Yes. My family is new to CWAA and I am filling out this application. We were referred to CWAA by a family that currently attends. The name of this family is _____.

(My Name)

(Signature)

(Date Signed)

- **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

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.

ANNUAL FEES (*Non-refundable)	SDA	Non-SDA	International
New Application Fees	\$150*	\$150*	\$150*
Re-Registration Fees	\$100*	\$100*	\$100*
Kindergarten Fees	\$2,600	\$2,600	\$2,600
Grades 1-6 Fees	\$3,400	\$4,300	\$10,000
Grades 7-9 Fees	\$4,100	\$5,000	\$10,900
Grades 10-12 Fees	\$5,500	\$6,400	\$12,800
Bus Fees	\$2,000 for First Rider, \$1,300 for Second + Additional Rider(s)		

** Application / Re-Registration Fees must be paid when submitting package. Do not add this fee into the table below.*

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

***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 1, 2021)

- Use Payment Plan already on file with Business Manager Office (for returning families)
 Full Year Payment
 Ten Month On-Line
 Ten Month Pre-authorized Bank Withdrawal (*Please attach a void cheque*)
 Ten Month Pre-authorized Credit Card (Visa / MasterCard only)

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 made my payment of \$150 New Application Fee per new student. **Payment is included with this package.*
 Yes. I have made my payment of \$100 Re-Registration Fee per returning student. **Payment is included with this package.*
 Yes. I commit to paying Chinook Winds Adventist Academy all monies owing, according to the Annual Fees outlined above.

(Print Name)

(Parent/Guardian Signature)

(Date Signed)

PARENT COMMITMENT

PLEASE COMPLETE AND RETURN ONE FORM PER CHILD

- 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.

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

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.

(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?

ECS TRANSPORTATION CONTRACT FOR REIMBURSEMENT
(For Kindergarten Applicants Only)

2021-2022 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 during the 2021 – 2022 school year.

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 (which is 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.

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

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

CHARACTER REFERENCE FORM

CHINOOK WINDS ADVENTIST ACADEMY 10101 2ND 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.

Please assist us by completing this form and returning it directly to the school by fax: (403) 247-1623, or scan and e-mail to reception@cwaa.net. The above student has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school and church. 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 2ND 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.

Please assist us by completing this form and returning it directly to the school by fax: (403) 247-1623, or scan and e-mail to reception@cwaa.net. The above student has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school and church. 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 – 2nd Avenue SW
Calgary, Alberta T3B 5T2
Telephone: (403) 286-5686
Fax: (403) 247-1623
Email: reception@cwaa.net

REQUEST AND AUTHORIZATION FOR RELEASE AND EXCHANGE OF STUDENT FILE

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)

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

(Print Name)

(Parent/Guardian Signature)

(Date Signed)

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

- 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.
- 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 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).**

(Print Name)

(Parent/Guardian Signature)

(Date Signed)

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 (403-205-6688) 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.ca or call dispatch (403-205-6688) 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 3:20 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 3:30 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 (REQUIRED)*

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