

Thank you for applying to Sussex Christian School on behalf of your child(ren). To complete this fillable application form, please follow these 4 simple steps:

1. **Download the form and save** it to your computer. (Don't skip this step.)
2. **Open up the form** on your computer and complete the form.
3. **Save the completed form** to your computer. (Don't forget to save the form once you have completed it, otherwise you may end up sending us an empty form.)
4. **Email the completed form** to the school office [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca)

## APPLICATION FOR MORE THAN ONE CHILD

If you are submitting an application for more than one child, please download and complete the following documents. These documents can be found on the school site under the "**Downloads**" menu, then under "**Extra Forms for Multiple Students in a Family**":

### New Students (1 for each child)

- Medical Form
- Permission Form
- Pastor's Reference Form (*page 2 only*)
- Reference Form (*page 2 only*)
- Student Record Release Form (*one for each school that applying students most recently attended*)

## REGISTRATION FEES

Registration fees are due upon application. Cash or cheque payment may be made directly at the school office. For E-transfer, please contact the school at [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca) for instructions.

If you have any other questions about the application process please  
contact the school office [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca).

For School Year: \_\_\_\_\_ Date enrolment is to begin: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

## STUDENT INFORMATION

*Only complete information for child(ren) who are seeking admission. / SIN information is for bursary purposes only.*

**1st Child** - First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Birthdate: Y \_\_\_\_\_ M \_\_\_\_ D \_\_\_\_ Age: \_\_\_\_  
 Entering Grade : \_\_\_\_\_ Gender: ☐M ☐F  
 SIN: \_\_\_\_\_

**2nd Child** - First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Birthdate: Y \_\_\_\_\_ M \_\_\_\_ D \_\_\_\_ Age: \_\_\_\_  
 Entering Grade : \_\_\_\_\_ Gender: ☐M ☐F  
 SIN: \_\_\_\_\_

**3rd Child** - First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Birthdate: Y \_\_\_\_\_ M \_\_\_\_ D \_\_\_\_ Age: \_\_\_\_  
 Entering Grade : \_\_\_\_\_ Gender: ☐M ☐F  
 SIN: \_\_\_\_\_

**4th Child** - First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Birthdate: Y \_\_\_\_\_ M \_\_\_\_ D \_\_\_\_ Age: \_\_\_\_  
 Entering Grade : \_\_\_\_\_ Gender: ☐M ☐F  
 SIN: \_\_\_\_\_

## CUSTODY

Are there special instructions to be noted regarding custody of students? ☐N/A ☐N ☐Y (if Yes, please explain.):

Who is the first point of contact?

## PARENT/GUARDIAN INFORMATION

*\*\*Please check the box(es) beside the email address(es) to be used by the school for communication.\*\**

### Father/Guardian Information

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Marital Status: ☐M ☐D ☐W  
☐ Email Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_\_) \_\_\_\_\_  
 Work: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_  
 Lives with student: ☐Y ☐N

### Mother/Guardian Information

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Marital Status: ☐M ☐D ☐W  
☐ Email Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_\_) \_\_\_\_\_  
 Work: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_  
 Lives with student: ☐Y ☐N

## ADDRESS

### Home Address

Apt.# \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Mailing/Other Address *only if different from Home Address.*

Street/PO Box#: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

## EMERGENCY CONTACT

Person to contact if school is unable to contact parent(s).

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

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

Relationship to child: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

## CHURCH AFFILIATION

Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Attendance: ☐ Attend regularly ☐ No ☐ Home church

## OTHER INFO

How did you learn about Sussex Christian School?

☐ Social media ☐ Newspaper ☐ Friend(s)

☐ Other (please specify): \_\_\_\_\_

## SCHOOL INFORMATION

Last School Attended: \_\_\_\_\_

School Phone #: \_\_\_\_\_

School Address: \_\_\_\_\_

District: \_\_\_\_\_

Please state why you wish your child(ren) to attend SCS:

Are there any issues that SCS should be aware of in considering your child's education at SCS?

☐ Serious behavioural/ disciplinary difficulty.

☐ Suspension, expulsion.

☐ Probation, police record.

☐ Substance abuse.

☐ Other: \_\_\_\_\_

If you checked any of the previous issues, please explain and specify for which child. (If more room is required please use another sheet of paper and attach it to this application form.)

\_\_\_\_\_

\_\_\_\_\_

## REQUIRED DOCUMENTATION

Forms and documents to be submitted to complete application

### One Per Family

- New K-12 Student Registration Form
- Parental Understanding and Commitment
- Financial Commitment Form
- Statement of Faith
- Reference Letters (2) - if you are a new school family
- Record Release (1 per school for academic record release)

### One For Each Student

- Medical Information form
- School Permission form
- Immunization record

## PARENTAL (GUARDIAN) SIGNATURE

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

## OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

# Students: \_\_\_\_\_

☐ Reg. Paid

Amount paid: \$ \_\_\_\_\_

☐ Post-dates: \_\_\_\_\_

Comments:

We understand that a basic responsibility of Christian parents is to “train up a child in the way he should go...that when he is old he will not depart from it.” (Proverbs 22:6). Sussex Christian School is a school seeking to mold your children’s lives after God’s fashion. Successful Christian living hinges on three areas: the home, the church, and the school. These institutions must work cooperatively together. Parents should not give their responsibility to the Christian school and let them train the children alone. Both the home and the school share this responsibility. Therefore, as parents we pledge to do our part and enter into a covenant with SCS.

- It is my choice as a parent that my child have an academic education based on the Word of God and its teachings.
- I believe it is in the best interests of the school and the children that parents express a positive attitude toward the goals, aims, and standards of the school. Should a problem or misunderstanding arise, I will immediately seek to resolve it privately with the administration.
- I agree to uphold and support the high academic standard of the school by providing a proper atmosphere for my child to study and to give my child encouragement in the completion of any homework or assignments.
- I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonour to the Lord or the Word of God, or disrespect toward the personnel of the school.
- I have read the Sussex Christian School Student/Parent Handbook and agree with the school's outlook and aims. I fully approve of the STANDARD OF CONDUCT for students and the DRESS CODE and agree to support all regulations of the school made on the applicant's behalf and authorize this school to employ such discipline as is deemed wise and expedient for the training of my child.
- I commit to promptly pay my financial obligations as agreed on the Financial Commitment Form .
- I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations are not met.
- I understand that the staff of Sussex Christian School will treat my child with love and respect and are committed to providing the best possible academic instruction.
- By signing below I signify that I have read and understand the above policy.

**By signing below I signify that I have read and understand the above policy.**

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**STUDENT INFORMATION**\_\_\_\_\_  
First Name\_\_\_\_\_  
Middle Name\_\_\_\_\_  
Last Name**MEDICARE INFORMATION**\_\_\_\_\_  
Medicare #\_\_\_\_\_  
Medicare Expiry Date\_\_\_\_\_  
Local Physician's Name (If applicable)**ALLERGIES/CONDITIONS/MEDICATIONS**

Please specify if your child has any allergies (if yes, please specify). :

\_\_\_\_\_

Does the applicant have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by his/her teachers?

\_\_\_\_\_

Specify if your child requires regular medication to be administered at school:

\_\_\_\_\_

**NOTE: If medication is required on a regular basis, or at a specified time, medication must be brought to the school office, labeled with the child's name and dosage requirements, and a medical permission form must be completed.**

By signing this form, I understand that Sussex Christian School is not responsible for any injury or harm that may occur as a result of this medication. Sussex Christian School reserves the right to revoke this privilege if it is being abused (constant use of pain medication, etc.). **\* In order to receive pain medication, students must check with their Home Room teacher before coming to the school office for such medication.\***

**PERMISSION FOR PAIN MEDICATIONS**

My child will be permitted to be given the following pain medication(s) during school hours if necessary, understanding that this does not mean they are allowed to abuse this privilege. (Please check all allowable ones.)

☐ Aspirin (ASA)☐ Tylenol (Acetaminophen)☐ Advil (Ibuprofen)☐ My child is not permitted to receive any pain medications**EMERGENCY MEDICAL TREATMENT**

I hereby authorize Sussex Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical aid and surgical care in the case that I, or the designated guardian, am not immediately available. Any qualified physician, called by SCS, may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify me before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

**By signing below, I signify that I have read and understand the above policy.**

\_\_\_\_\_  
Signature of Father/Guardian\_\_\_\_\_  
Signature of Mother/Guardian\_\_\_\_\_  
Date\_\_\_\_\_  
Date

## STUDENT INFORMATION

\_\_\_\_\_  
First Name\_\_\_\_\_  
Last Name\_\_\_\_\_  
Grade

## SCHOOL SPONSORED EVENTS OFF SCHOOL PROPERTY

**Permission Given:**☐ Yes ☐ No

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school's premises. I absolve Sussex Christian School from liability to me or my child because of any injury to my child at school or during any school activity.

## PUBLISHING PHOTOS

**Permission Given:**☐ Yes ☐ No

I give permission for my child's photo to be published in print media

☐ Yes ☐ No

I give permission for my child's photo to be published on school website and/or FaceBook page.

☐ Yes ☐ No

I give permission for my child's photo to be published in video media (for such things as school dramas, etc.)

## CELL PHONES/ ELECTRONICS

SCS does not allow students to have cell phones or other electronics on their person or in their bookbags or lockers during the school day. If a parent feels that it is necessary for the student to carry a cell phone, it must be turned into the school office at the beginning of the school day. If a student is leaving the school grounds at lunch time, they may pick their phone up from the office before they leave and return it to the school office after lunch.

☐ My child does not carry a cell phone.☐ My child does carry a cell phone. I understand that when it is brought to school, it will be signed into the school office for the school day, and may be signed out at lunch time if s/he is leaving the school ground.

## JR/SR HIGH PERMISSION TO LEAVE SCHOOL PROPERTY

By signing this form, I understand that Sussex Christian School is not responsible for any injury or harm that may occur off school property during the designated lunchtime. Sussex Christian School reserves the right to revoke this privilege if it is being abused (constant tardiness, etc.).

**Permission Given:**☐ Yes ☐ No

My child will be permitted to leave SCS grounds during the designated noon hour. This does not mean they are allowed to leave school grounds at other times during the day (breaks, etc.)

☐ Yes ☐ No

My child will be permitted to leave school grounds at noon hour in a car driven by a teenage driver?

**I have discussed this with my child:**☐ Yes ☐ No

## STUDENTS IN GRADES 6-12 MUST SIGN THE FOLLOWING

I recognize that SCS is a Biblically-based Christian school working in cooperation with parents. I agree to abide by the rules of the school as set forth in the student handbook. I understand that as a student of SCS I am to refrain from profane and vulgar language, the use of tobacco, alcohol and illegal drugs, and sexual activity, and that failure to do so could be cause for my dismissal from SCS. I also agree to respect and support the authority under which I am placed as a student at SCS.

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Student's signature

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Date

## PARENTAL(GUARDIAN) SIGNATURES

*Signature of both parents is required.*

As parents, we give our full support to the teachers, programs and policies of the school. We pledge to pay the tuition payments regularly and on time.

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Signature of Father/Guardian

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Date

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Signature of Mother/Guardian

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Date

## PREAMBLE

Sussex Christian School (SCS) is non-denominational in its teaching approach and in its acceptance of constituents. SCS adheres to and teaches basic tenets of the Christian faith only, not denominational positions.

All faculty, staff and Board members must be able to sign the Statement of Faith without reservation. Each parent must be able to sign either that s/he agrees with the Statement of Faith, or that s/he agrees with the school's right to uphold the Statement of Faith.

## SCS STATEMENT OF FAITH

1. We believe that the Bible is God's inspired, infallible Word, and we seek to establish our faith and actions on its teaching. (2 Timothy 3:16, 2 Peter 1:21)
2. We believe in one God, who is Father, Son, and Holy Spirit. (Matthew 28:19, John 10:30, 15:26, 1 Corinthians 8:6)
3. We believe in the full deity and full humanity of Jesus Christ; his virgin birth, sinless life, miracles, atoning death, physical resurrection, ascension, and his physical return to earth. (Matthew 26:64, Mark 6:2, Luke 1:34-38, Acts 1:9-11, Acts 2:23-24, Romans 5:8-9, Philippians 2:6-11, Hebrews 2:9, 1 Peter 3:18,)
4. We believe that humanity was/is created by God in His own image and that though we are spiritually separated from God because of sin we are reconciled to God by the work of Christ on the cross. (Genesis 1:27, Romans 5:7-9, 1 Corinthians 15:20-23)
5. We do not teach hatred towards any group or individual. We believe, according to the teaching of the Old and New Testament, that sexual intimacy outside of marriage is morally wrong and that marriage is meant to be an exclusively heterosexual institution. (Genesis 2:24, Leviticus 18:22, Matthew 19:4-6, Mark 10:6-9)
6. We believe that Jesus Christ is the Saviour of all, and that those who receive new life in Christ experience a personal relationship with God. They are called to live a holy life in character and conduct through the help of the Holy Spirit who is sent to indwell, guide, teach and empower them for service. (John 14: 6, 26, John 16:13, Acts 1:8, 2 Timothy 1:9, Revelation 3:20)
7. We believe that the Church is the body of Christ, in fellowship with Christ and with fellow believers, and is commissioned by Christ to share the Good News with everyone. (Matthew 28:19-20, Ephesians 1:22- 23, 3:10-11)
8. We believe God desires for people everywhere to know Him and that the purpose of His Church is to share the love, peace, and salvation that Christ brings to the world. (1 Timothy 2:3-4, 2 Peter 3:9)
9. We believe that human life begins at conception and that the unborn child is fully human and deserves the same protection as any other person. (Job 31:15, Psalm 22:10, Psalm 127:3, Ecclesiastes 11:5, Isaiah 44:24, Jeremiah 1:5, Luke 1:31)
10. We believe in the resurrection of all people: the saints to eternal life/fellowship with God and the lost to suffer eternal separation from God. (John 3:16-18, John 5:28-29, 1 Corinthians 15:20-28, 1 Thessalonians 4:14-17, Revelation 20:12-15)

**By signing below, I signify I have read the SCS Statement of Faith.**

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

**Please check the most appropriate box:**

- ☐ I agree with the SCS Statement of Faith.  
☐ I agree with the school's right to uphold this statement.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

**Please check the most appropriate box:**

- ☐ I agree with the SCS Statement of Faith.  
☐ I agree with the school's right to uphold this statement.

## REGISTRATION FEES 2025-26

Registration Fee per student f or K to 12 must accompany application. (Non-Refundable.)

Before August 1st	\$75
After August 1st	\$100
After September 1st	\$125

## TUITION FEES 2025-26

	1st Child	2nd Child	3rd Child	4th Child
Kindergarten to Grade 2	\$5,010	\$4,420	\$3,535	\$1,945
Grades 3-12	\$5,890	\$4,420	\$3,535	\$1,945

### PLEASE NOTE

If a student enrolls after a school year begins or withdraws before the year ends, tuition will be prorated according to the quarter in which the student is enrolled. All other fees must be paid in full.

### PAYMENT OPTIONS

I understand my financial obligations and will, upon notification of acceptance (please check one of the following):

- ☐ **One Payment** - Submit one payment in full before August 31<sup>st</sup>.  
*Note: 5% discount on tuition portion (K-12) when all fees are paid in full and completed registration forms are submitted before July 1<sup>st</sup>.*
- ☐ **2 Equal Payments** - Make 2 equal payments to be made by August 31<sup>st</sup> and January 31<sup>st</sup>.
- ☐ **10 Payments** - Submit 10 equal monthly payments starting August through May, dated the 15<sup>th</sup> or 30<sup>th</sup> of the month.  
*Select one: ☐ Cheque ☐ E-transfer<sup>++</sup>*
- ☐ **20 Payments** - Submit 20 equal post-dated semi-monthly tuition payments dated the 15<sup>th</sup> & 30<sup>th</sup> of each month. (½ payment on the 15<sup>th</sup> and ½ on the 30<sup>th</sup>, August through May).  
*Select one: ☐ Cheque ☐ E-transfer<sup>++</sup>*

\* If name on e-transfer differs from how it appears on this application, please inform school administration.

++ Please contact administration if pre-authorized debit is preferred.

### FEE COMMITMENT

Registration fee(s): \_\_\_\_\_

1st Child tuition: \_\_\_\_\_

2nd Child tuition: \_\_\_\_\_

3rd Child tuition: \_\_\_\_\_

4th Child tuition: \_\_\_\_\_

Bursaries/Awards: (-) \_\_\_\_\_

Total: \_\_\_\_\_

Comments:

## PARENTAL(GUARDIAN) SIGNATURE

\_\_\_\_\_  
 Signature of Father/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Mother/Guardian

\_\_\_\_\_  
 Date

## INSTRUCTIONS FOR APPLICANT

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Sussex Christian School.

## CONFIDENTIALITY STATEMENT

Understanding the need for a frank evaluation of Sussex Christian School's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

## STUDENT NAME(S)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## PARENTS' / GUARDIANS' NAMES

Name of Father/Guardian: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_

Father/Guardian's Signature: \_\_\_\_\_

Mother/Guardian's Signature: \_\_\_\_\_

## INSTRUCTIONS FOR PERSON PROVIDING REFERENCE

The family named below has applied for application for their school-aged student(s) to Sussex Christian School. Your frank evaluation will aid SCS in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return directly to: Sussex Christian School, 45 Chapman Dr., Sussex, NB E4E 1M4 or email [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca)

## REFEREE INFO

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

How long have you known the family? \_\_\_\_\_

What is your acquaintance with the family? \_\_\_\_\_

What is your acquaintance with the student(s) applying? \_\_\_\_\_

To your knowledge, are there any concerns about this family/student in relation to being part of SCS?

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

*Please complete this page for each of the students for which you are acting as reference*

## CHARACTER

Please check the answer(s) that best describes the applicant.

Concern for others:	<input type="checkbox"/> Self-centered	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Considerate	<input type="checkbox"/> Unselfish
Influence for good:	<input type="checkbox"/> Negative influence	<input type="checkbox"/> Little influence	<input type="checkbox"/> Positive influence	<input type="checkbox"/> Inspires others
Acceptance by peers:	<input type="checkbox"/> Not accepted	<input type="checkbox"/> Tolerated	<input type="checkbox"/> Accepted	<input type="checkbox"/> Well-liked
Choice of friends:	<input type="checkbox"/> Questionable	<input type="checkbox"/> Careless	<input type="checkbox"/> Somewhat discerning	<input type="checkbox"/> Discerning in friendships
Respect for authority:	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Critical	<input type="checkbox"/> Generally respectful	<input type="checkbox"/> Honours those in authority
Responsibility:	<input type="checkbox"/> Unreliable	<input type="checkbox"/> Somewhat dependable	<input type="checkbox"/> Very dependable	<input type="checkbox"/> Absolutely responsible
Emotional stability:	<input type="checkbox"/> Unstable	<input type="checkbox"/> Sometimes stable	<input type="checkbox"/> Usually well-adjusted	<input type="checkbox"/> Consistently well-adjusted

## PLEASE RESPOND TO THE FOLLOWING

For students entering grades 6-12 only.

To your knowledge, does the applicant participate in any of the following:

Alcohol:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Tobacco:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Illegal Drugs:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Sexual Activity:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Pornography:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None

Any additional comments that may be helpful may be added below or on a separate sheet of paper.

## SIGNATURE

\_\_\_\_\_  
Signature of Reference Provider\_\_\_\_\_  
Date

## INSTRUCTIONS FOR APPLICANT

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Sussex Christian School.

## CONFIDENTIALITY STATEMENT

Understanding the need for a frank evaluation of Sussex Christian School's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

## STUDENT NAME(S)

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

## PARENTS' / GUARDIANS' NAMES

Name of Father/Guardian: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_

Father/Guardian's Signature: \_\_\_\_\_

Mother/Guardian's Signature: \_\_\_\_\_

## INSTRUCTIONS FOR PERSON PROVIDING REFERENCE

The family named below has applied for application for their school-aged student(s) to Sussex Christian School. Your frank evaluation will aid SCS in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return directly to: Sussex Christian School, 45 Chapman Dr., Sussex, NB E4E 1M4 or email [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca)

## REFEREE INFO

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

How long have you known the family? \_\_\_\_\_

What is your acquaintance with the family? \_\_\_\_\_

What is your acquaintance with the student(s) applying? \_\_\_\_\_

To your knowledge, are there any concerns about this family/student in relation to being part of SCS?

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

*Please complete this page for each of the students for which you are acting as reference*

## CHARACTER

Please check the answer(s) that best describes the applicant.

- |                        |   |  |  |   |
|------------------------|---|--|--|---|
| Concern for others:    | <input type="checkbox"/> Self-centered      | <input type="checkbox"/> Indifferent         | <input type="checkbox"/> Considerate           | <input type="checkbox"/> Unselfish                  |
| Influence for good:    | <input type="checkbox"/> Negative influence | <input type="checkbox"/> Little influence    | <input type="checkbox"/> Positive influence    | <input type="checkbox"/> Inspires others            |
| Acceptance by peers:   | <input type="checkbox"/> Not accepted       | <input type="checkbox"/> Tolerated           | <input type="checkbox"/> Accepted              | <input type="checkbox"/> Well-liked                 |
| Choice of friends:     | <input type="checkbox"/> Questionable       | <input type="checkbox"/> Careless            | <input type="checkbox"/> Somewhat discerning   | <input type="checkbox"/> Discerning in friendships  |
| Respect for authority: | <input type="checkbox"/> Disrespectful      | <input type="checkbox"/> Critical            | <input type="checkbox"/> Generally respectful  | <input type="checkbox"/> Honours those in authority |
| Responsibility:        | <input type="checkbox"/> Unreliable         | <input type="checkbox"/> Somewhat dependable | <input type="checkbox"/> Very dependable       | <input type="checkbox"/> Absolutely responsible     |
| Emotional stability:   | <input type="checkbox"/> Unstable           | <input type="checkbox"/> Sometimes stable    | <input type="checkbox"/> Usually well-adjusted | <input type="checkbox"/> Consistently well-adjusted |

## PLEASE RESPOND TO THE FOLLOWING

For students entering grades 6-12 only.

To your knowledge, does the applicant participate in any of the following:

- |                  |                                |                               |                               |
|------------------|--------------------------------|-------------------------------|-------------------------------|
| Alcohol:         | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| Tobacco:         | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| Illegal Drugs:   | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| Sexual Activity: | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| Pornography:     | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |

Any additional comments that may be helpful may be added below or on a separate sheet of paper.

## SIGNATURE

\_\_\_\_\_  
Signature of Reference Provider

\_\_\_\_\_  
Date



## STUDENT RECORD RELEASE

### RELEASING SCHOOL

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

### RECEIVING SCHOOL

**Name:** Sussex Christian School

**Address:** 45 Chapman Drive  
Sussex, NB E4E 1M4

**Email:** info@sussexchristianschool.ca

My child(ren) has/have withdrawn from your school. Please release their academic and health records to the above-named receiving school.

### STUDENT(S)

Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade at time of withdrawal: \_\_\_\_\_

Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade at time of withdrawal: \_\_\_\_\_

Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade at time of withdrawal: \_\_\_\_\_

Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade at time of withdrawal: \_\_\_\_\_

Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade at time of withdrawal: \_\_\_\_\_

### SIGNATURE

\_\_\_\_\_  
Parental Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiving School Signature

\_\_\_\_\_  
Date