

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

NOTE

1. APPLICATION FOR MORE THAN ONE CHILD.

If you are submitting 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*)

Current Students (1 for each child):

- Medical Form
- Permission Form

2. 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 for instructions.

If you have any other questions about the application process please contact the school office info@sussexchristianschool.ca.



INTERNATIONAL REGISTRATION FORM

For School Year: _____

STUDENT INFORMATION

First Name: _____
Middle Name: _____
Last Name: _____
Birthdate: Y _____ M ___ D ___ Age: _____
Gender: M ___ F ___ Entering Grade: _____
Country of origin: _____
Enrolment to begin: : Y _____ M ___ D _____

HOME ADDRESS

Apt.# _____ Street: _____
City: _____ Postal Code: _____
Country: _____

MAILING/OTHER ADDRESS

Complete only if different from home address.

Street/PO Box#: _____
City: _____ Postal Code: _____
Country: _____

PARENTAL INFORMATION

Father's information

First Name: _____
Last Name: _____
Birthdate: Y _____ M ___ D ___
Occupation: _____
Employer: _____
Email Address: _____
Marital Status: M ___ D ___ W ___
Lives with student: Y ___ N ___
Phone: (____) _____ Cell: (____) _____
Work: (____) _____ Ext: _____

Mother's information

First Name: _____
Last Name: _____
Birthdate: Y _____ M ___ D ___
Occupation: _____
Employer: _____
Email Address: _____
Marital Status: M ___ D ___ W ___
Lives with student: Y ___ N ___
Phone: (____) _____ Cell: (____) _____
Work: (____) _____ Ext: _____

CUSTODY

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

EMERGENCY CONTACT

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

Emergency Contact

First Name: _____
Last Name: _____
Relationship to child: _____
Phone: (____) _____ Cell: (____) _____
Work: (____) _____ Ext: _____

HOMESTAY CONTACT INFO

***Office will complete this section ***

Name: _____

Phone: (____) _____ Cell: (____) _____

Email: _____

Apt.# _____ Street: _____

City: _____ Postal Code: _____

SCHOOL INFO

Last school attended: _____

Last grade: _____

Contact person at school: _____

School phone number: _____

Why are you leaving this school to attend Sussex Christian School: _____

ADDITIONAL DOCUMENTATION

Please complete the following forms and submit: (available from website)

One per family

Parental Understanding and Commitment

One per student enrolling

Medical form

School Permission Form

Immunization Record

THE FOLLOWING SUPPORTING DOCUMENTATION IS REQUIRED

Please complete the following forms and submit: (available from website)

Academic Report Card – from previous 2 years of formal schooling, in English

Copy of passport

Legal Guardian documentation (if applicable)

Copy of visa once official acceptance has been granted

FINANCIAL INFORMATION 2021 -22		MY FINANCIAL COMMITMENT
Registration Fee: (Per student. Non-refundable)	\$100/student	_____
Tuition Fees for Grades 3-12: (Due in full upon acceptance. Refundable only if immigration application is denied.)	First Child - \$14,200	_____
	Second Child - \$12,780	_____
Home stay	\$8,500 (September to June 15 th)	_____
International Insurance	\$655 per child per year (required)	_____
Meal Plan: A 5-day-per-week hot lunch plan (when school is in session)	<i>included with tuition fees</i>	<i>included</i>
		TOTAL _____

Parental(Guardian) Signature

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date



INTERNATIONAL STUDENT SCHOOL FEES REFUND POLICY

A full tuition/homestay fee refund, less an administration fee of CAD \$500.00, will be granted for two reasons ONLY. Firstly, a refund will be offered if Citizenship and Immigration Canada does not issue a Study Permit. Secondly, if there is death in the student's immediate family, a refund will be offered.

To obtain a tuition/homestay refund, the student must either provide a copy of the "Letter of Rejection" from Citizenship and Immigration Canada and a written refund request from the student's parents including name(s), home address, signature(s), and full name of the student withdrawing. In the case of a family death, the student must provide proof of the family member's passing as well as a written refund request from the student's parents with a signature including name, address, and full name of the student withdrawing.

There will be no refund of the tuition/homestay fee in the following circumstances:

1. If the student chooses to withdraw for any reasons other than the Study Permit being denied by Citizenship and Immigration Canada or there is a death of an immediate family member.
2. If the student is found in violation of school regulations and asked to withdraw from SCS.

Tuition/homestay fees are to be paid in full as soon as the student has received the SCS "Letter of Acceptance" for visa processing. In some cases, SCS will allow for families to pay by semester. In these isolated situations and when the "Letter of Acceptance" visa document stipulates that the length of study is one full year (two semesters), the same refund policy applies. That is, the student is required to pay for both semesters and remain a student at SCS for the course of study indicated in the "Letter of Acceptance". Again, the only two exceptions are noted above.

Failure to meet financial obligations will result in possible legal action, holding of the student's SCS transcript and notification of this breach to Citizenship and Immigration Canada.

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

Signature of Father/Guardian

Signature of Mother/Guardian

Date.

Date



PARENTAL UNDERSTANDING AND COMMITMENT FORM

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 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 in 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 myself to promptly pay my financial obligations to the school, understanding that REGISTRATION FEE and at least half of the TUITION are payable in advance.
- 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.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date



INTERNATIONAL MEDICAL INFORMATION

****Need one for each student****

****One copy of this page is to be completed for each student being enrolled.****

STUDENT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Insurance Company Name: _____

Insurance Policy Number: _____

Does 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?

Please specify if your child has any allergies:

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 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.***

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



SCHOOL PERMISSION FORM

****Need one for each 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.
-

(Con't on next page)

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?

Yes

No

I have discussed this with my child.

STUDENTS IN GRADES 7-12 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.

Student's signature

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.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date