



Student Application

Please return to shinechristianacademy22@gmail.com

Date of Application _____

Lloydminster Campus _____ Streamstown Campus _____

Student Information

Name of Student: Given _____ Surname _____

Student Address: Mailing _____ City _____

Province _____ Postal Code _____

Phone#: Cell _____ Home _____

Email: _____

Student lives with: Father & Mother _____ Father _____ Mother _____ Other _____

If other please explain: _____

Sex: Male _____ Female _____ Birthdate: _____ (MM/DD/YYYY) Age _____

Name of most recent school or home school _____

School Jurisdiction _____ Phone _____

Address _____

Last Grade Completed _____ Last Day _____

Alberta Education requires documentation on every student's cumulative file relating to the Residents Board that school taxes are allocated to. Please indicate to which school tax jurisdiction your taxes are paid.

Buffalo Trails Public School Division _____ Lloydminster Catholic School Division _____

Lloydminster Public School Division _____ Other _____

FNMI Status

Please indicate if you are a member of one of the following native status groups:

Status Indian/ First Nations _____ Metis _____

Non Status Indian/ First Nations _____ Inuit _____

Family Information

Father/Guardian

Name: Given _____ Surname _____

Marital Status: _____

Address: Mailing _____ City _____

Province _____ Postal Code _____

Email Address: _____

Phone#: Cell _____ Home _____

Occupation: _____

Mother/Guardian

Name: Given _____ Surname _____

Marital Status: _____

Address: Mailing _____ City _____

Province _____ Postal Code _____

Email Address: _____

Phone#: Cell _____ Home _____

Occupation: _____

How did you hear about SCA? _____

Reason for selecting SCA?

Scholastic Information

Has the student failed any grade? Yes ____ No ____

If yes, what grade? _____

Explain: _____

Please indicate academic level of pupil's previous work:

Excellent ____ Good ____ Average ____ Poor ____

Has the student ever been expelled, dismissed, suspended or refused admission to another school? Yes ____ No ____

If yes, please explain.

Has the student had any disciplinary difficulties? Yes ____ No ____

If yes, please explain.

Has the student ever been in trouble with the law, arrested, etc? Yes ____ No ____

If yes, please explain.

Medical Information

Emergency Contact #1

Name: _____ Phone#: _____

Relationship: _____

Emergency Contact #2

Name: _____ Phone#: _____

Relationship: _____

Medical

Medical Conditions: _____

Allergies: _____

Name of Medications: _____

Family Physician: _____ Phone#: _____

Alberta Health Care # _____

Christian Faith

Church Attending: _____ Pastor: _____

Number of Years Attending: _____

Family Attends Church: Weekly ____ Monthly ____ Other ____

Has the student made a profession of faith in Christ? Yes ____ No ____

Are you in alignment with our Statement of Faith? Yes ____ No ____



Parent Questionnaire

In what ways do you expect that your child will benefit from an education at SCA?

In what ways do you expect that your child will contribute to the life of the school?

What special talents or skills does your child have? Please give examples.

Are there any influences at home or at his/her present school that may initially negatively influence your child's performance at SCA?

Are there any further comments regarding your child's or family's information that you wish to make?

Do you or your family have any previous connections with SCA?
