

## Student Application

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?

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

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

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

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

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

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