



# Bulkley Valley Christian School

operated by the Christian School Society of Smithers & Telkwa

**Elementary Campus**

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**Distributed Learning Campus**

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**Business Office**

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## Student Information Form

Name \_\_\_\_\_ (Canadian Name, if desired) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

### Academic Information

1. Schools attended – list the last two schools, starting with the most recent.

School	Grade	Location	Dates of Attendance
_____	_____	_____	_____
_____	_____	_____	_____

2. Has the student repeated any grades? Yes No  
If "yes", Grade \_\_\_\_\_ Year \_\_\_\_\_

3. Does the student have any academic problems? If so, please supply details.  
(This will help us establish whether, and how, we can meet the student's needs.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please attach officially translated **copies of transcripts** and/or **report cards** for the past two years.

5. Does the student have, or has he/she experienced any social problems? (explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please list student's interests and hobbies (e.g.: volleyball, piano, photography etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Physical Condition: \_\_\_\_\_

Is your child able to participate in a full Physical Education (PE) Program? \_\_\_\_\_

\*Please note: A doctor's certificate is required for exemption from PE class, as this is a mandatory course.

Name of Family Doctor (if available) \_\_\_\_\_

Phone number of Family Doctor (if available) \_\_\_\_\_

Care Card Number (if available) \_\_\_\_\_

Does your child have any of the following?

Diabetes \_\_\_\_\_ Hearing Problem \_\_\_\_\_ Heart Condition \_\_\_\_\_

Asthma \_\_\_\_\_ Vision Problem \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Epilepsy \_\_\_\_\_ Allergies \_\_\_\_\_ Other \_\_\_\_\_

Briefly explain the above conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Homestay Information**

1. When is your birthday? \_\_\_\_\_ 2. Are you male or female? \_\_\_\_\_

3. Do you have any brothers or sisters?

Name and age: \_\_\_\_\_

Name and age: \_\_\_\_\_

Name and age: \_\_\_\_\_

Name and age: \_\_\_\_\_

4. Would you like a homestay with (a) younger children (b) older children  
(c) either or both (d) no children

5. Do you like pets: Cats: *yes no* Dogs: *yes no* Other: \_\_\_\_\_

6. Are there any foods that you are unable to eat? \_\_\_\_\_

7. Will you bring or buy your own: Computer/laptop: *yes no* Cell phone: *yes no*

8. Will you bring winter clothing? *yes no* Winter sports equipment? *yes no*

9. Please give any pertinent information that would help us regarding your homestay placement, and enclose a **recent photo** for your homestay family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Reference** *(Completed by a school principal, teacher, pastor, or employer)*

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

Phone number \_\_\_\_\_ email \_\_\_\_\_

In what capacity do you know this family / student: \_\_\_\_\_

For how long have you known this family? \_\_\_\_\_

Do you have any additional information that would describe this student?

\_\_\_\_\_  
\_\_\_\_\_

A successful experience depends upon the student making his/her best effort in every area of school life. The school reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the **Participation Agreement**.

**After** the student is accepted, **Prepaid Tuition** for the school year is required. **Then** an official **Letter of Acceptance** will be issued.