

FOR NEW FAMILIES ONLY

SOCIETY MEMBERSHIP FORM

(FOR OFFICE USE ONLY)



DATE RECEIVED:	
APP. FEE PAID:	MM/DD/YY YES NO

FAMILY - Father/Guardian

LAST NAME:			
FIRST NAME:			
MAILING ADDRESS:			
(STREET/BOX)	(CITY)	(PROVINCE)	(POSTAL CODE)
PERMANENT ADDRESS: (IF DIFFERENT THAN ABOVE)			
(STREET ADDRESS OR LEGAL LAND DESCRIPTION OR 911 RURAL ADDRESS)			
PHONE NUMBER:			
EMAIL ADDRESS:			
RELATIONSHIP TO STUDENT:	BIRTH/ADOPTIVE	STEP	FOSTER GUARDIAN
(CHECK ONE)			
LIVES WITH STUDENT:	YES	NO	
SIGNATURE:		DATE: MM/DD/YY	

FAMILY - Mother/Guardian

LAST NAME:			
FIRST NAME:			
MAILING ADDRESS:			
(STREET/BOX)	(CITY)	(PROVINCE)	(POSTAL CODE)
PERMANENT ADDRESS: (IF DIFFERENT THAN ABOVE)			
(STREET ADDRESS OR LEGAL LAND DESCRIPTION OR 911 RURAL ADDRESS)			
PHONE NUMBER:			
EMAIL ADDRESS:			
RELATIONSHIP TO STUDENT:	BIRTH/ADOPTIVE	STEP	FOSTER GUARDIAN
(CHECK ONE)			
LIVES WITH STUDENT:	YES	NO	
SIGNATURE:		DATE: MM/DD/YY	

Only complete this section in the case of separation/divorce or additional guardianship

OTHER PARENT/GUARDIAN NAME:			
REQUEST TO BE INCLUDED IN SOCIETY COMMUNICATIONS: YES NO			
EMAIL:	PHONE:		
RELATIONSHIP TO STUDENT:	BIRTH/ADOPTIVE	STEP	FOSTER GUARDIAN
LIVES WITH STUDENT:	YES	NO	
CUSTODY:	SOLE CUSTODY/PARENTING	JOINT/SHARED CUSTODY	DELEGATION OF AUTHORITY DECISION MAKING
(CHECK ONE)			
COURT ORDER: YES NO (IF YES, A COPY MUST BE PROVIDED FOR STUDENT RECORD)			
SIGNATURE:		DATE: MM/DD/YYYY	

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OTHER PARENT/GUARDIAN NAME:	
REQUEST TO BE INCLUDED IN SOCIETY COMMUNICATIONS: YES NO	
EMAIL:	PHONE:
RELATIONSHIP TO STUDENT: BIRTH /ADOPTIVE STEP FOSTER GUARDIAN	
LIVES WITH STUDENT: YES NO	
CUSTODY: <small>(CHECK ONE)</small> SOLE CUSTODY/PARENTING JOINT/SHARED CUSTODY DELEGATION OF AUTHORITY DECISION MAKING	
COURT ORDER: YES NO (IF YES , A COPY MUST BE PROVIDED FOR STUDENT RECORD)	
SIGNATURE:	DATE: <small>MM/DD/YYYY</small>

STUDENT INFORMATION

Please list the names and birthdates of all the children in your family.

LEGAL LAST NAME	LEGAL FIRST NAME <small>INCLUDE PREFERRED NAME</small>	MIDDLE NAME	D.O.B. <small>MM/DD/YYYY</small>	GRADE 2021-2022 <small>(IF APPLICABLE)</small>

CITIZENSHIP OF STUDENT(S)

Please include copies of original documentation for School Records

CHECK ONE:

CANADIAN CITIZEN

PERMANENT RESIDENT/LANDED IMMIGRANT

CHILD OF A CANADIAN CITIZEN (STUDENT IS NOT A CANADIAN CITIZEN)

CHILD OF A CITIZEN LAWFULLY ADMITTED TO CANADA FOR PERMANENT OR TEMPORARY RESIDENCE

OTHER

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FOR EARLY EDUCATION AND KINDERGARTEN: please indicate your preference of days.

**Days highlighted are not guaranteed*

Early Education Program (Half Day AM)

Mondays / Wednesdays

Tuesdays / Thursdays

Mon/Tues/Wed/Thurs

Kindergarten (Full Days)

Mondays / Wednesdays

Tuesdays / Thursdays

Either Class

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Is there anything we need to know about your child or child(ren) that will help us meet their educational needs?

STUDENT NAME	COMMENT

PREVIOUS SCHOOL(S) ATTENDED:

SCHOOL NAME	COMPLETE MAILING ADDRESS	DATES ATTENDED	PRINCIPAL

TRANSPORTATION OPTION

BUS SERVICE REQUESTED: YES NO

If **YES** fill out Transportation Application Form found on the Society website. More bus Information and Applicable fees can also be found on the Society website.

Please complete all the forms and return them to the Society Office as soon as possible. The Society Office will set up a Board interview after receipt of these forms. Additional paperwork will be required by Lethbridge School District No.51 upon final acceptance to the Society.

If you have any questions about membership, please contact the Society Office.

PERSONAL INFORMATION PROTECTION ACT (PIPA):

The Society For Christian Education respects your privacy. We protect your personal information and adhere to legislative requirements under the Alberta Personal Information Protection Act (PIPA). The information you provide will be used to deliver services and to keep you informed and up to date on the activities of Immanuel Christian Schools.

The following are examples of how personal information may be used for school-related activities:

- The release of names of parents/guardians, addresses, phone numbers, or email addresses as well as class lists of students to parent groups responsible for organizing activities for the school (fundraising, hot lunch program, sports teams, classroom activities, meetings, yearbook, etc). These groups would have access to personal information for authorized purposes only.
- The right to use, publish, or submit names and images of the child(ren) listed on this application for newsletter, school publications (including website and yearbook), promotional materials, and newspaper, magazine, or internet.

If you have any questions about the collection and/or the intended purposes, please contact the Society Office.

Changes in these permissions must be made by written notice to the Society For Christian Education.

Society Office Signature

MM/DD/YY



SOCIETY FOR CHRISTIAN EDUCATION

802 - 6 Ave N
Lethbridge, AB
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✉ business@immanuelcs.ca