

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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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 <small>(CHECK ONE)</small>	
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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SOCIETY MEMBERSHIP FORM

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
T1H 0S1

☎ 403-327-4223
🌐 www.societyforchristianeducation.org
✉ business@immanuelcs.ca



PASTOR FORM

The family listed below is applying for admission of their child to Immanuel Christian Schools. We believe the home, church, and school must work cooperatively and supportively toward the Christian nurture of God's children. Our beliefs are highlighted in our Mission and Statement of Faith and our Educational Philosophy. If their family is accepted for admission, we look forward to sharing in this responsibility. Please understand that we keep this report confidential. If you need more space, please include another paper.

1. Parent's/Guardian's Name: _____

2. Church Name: _____

Pastor's Name: _____ Phone: _____

3. How would you describe this family's commitment to Christ and His church?

4. Church attendance: (check where applicable)

Consistently *Occasionally* *Seldom*

Father's attendance

Mother's attendance

Student's attendance

Pastor's signature: _____ Date: _____

SPIRITUAL LIFE FORM

We feel the school is an extension of the Christian home, and as a Christian school, our goal is to glorify Jesus Christ in all areas. At Immanuel Christian Schools we require at least one parent to be a professing Christian because we feel that the home, church and school need to work together as a team. ***Please fill out this form and ask your pastor to complete the Pastor's Form. If you need more space, please attach another sheet.***

Parent's/Guardian's Name: _____

1. Please give a statement of your relationship to Jesus Christ and your personal Christian faith.

2. Why do you wish to enroll your child in a Christian school?

3. How would you describe family life and parent/child relationships in your home? Do you strive to be a Christian home? How? (eg. Family devotions, etc.)

4. Which Church do you attend? _____
Church address: _____
Pastor's Name: _____ Phone: _____

5. Explain your family's commitment to the church you attend.

In making this application for Christian education, I/we understand and agree with the purpose of the school and indicate that I/we enroll our child(ren) because of our earnest desire that he/she/they receive a Christ-centered Education. If our child(ren) is(are) accepted by the school, I/we agree that his/her/their Education will be in harmony with the constitution and by-laws of the Society, the policies of the School Society and that he/she/they is/are also subject to the authority invested by the Board of Lethbridge School Division in the Principal and Classroom Teacher. I/we agree to attend Annual Society Meetings to acquaint me/us with the school and the association operating the school. I will also try to volunteer in school on committees and auxiliaries, etc.

Parent / Guardian Signature

Parent / Guardian Signature



Society for Christian Education in Southern Alberta

Consent to receive Commercial Electronic Messages (CEM's)

On July 1, 2014 Canada's Anti-Spam Legislation (CASL) came into effect. As of this date, the [Society for Christian Education](#) cannot send any messages by any means of telecommunication including e-mail messages, text messages, instant messages and direct messages to social networking accounts, where one or more of the purposes of this message is to encourage participation in commercial activity, whether or not there is an expectation of profit, unless we have received express consent to send these messages.

The [Society for Christian Education](#) values the many learning and community-building opportunities, activities and mementos that enhance the educational experience that we provide to our students. Some of these opportunities include fundraisers, promotional events, and promotional items. In order for the [Society for Christian Education](#) to communicate our fundraisers, community events and special offers through electronic means, we require your consent to send out e-newsletters, emails and important alerts for bus cancellations or school closures.

By signing this document, I/we consent to receiving a commercial electronic message (CEM) from the [Society for Christian Education](#). Examples of these would include, but would not be limited to:

- Newsletters
- Offers to purchase goods and services such as
 - Membership
 - Promotional Items
 - Yearbooks
- Advertisements for Society activities, events and fundraisers

Note that consent to receive CEM information may be withdrawn at any time by contacting the Society for Christian Education.

I, the parent/guardian, give my consent to receive

Commercial Electronic Messages (CEM's) from the [Society for Christian Education](#). This consent will remain in effect until I expressly withdraw my consent by notifying the [Society for Christian Education](#).

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Email address: _____

Transportation is not available in all areas. Routes are revised prior to the start of each year based on submitted applications. All arrangements will be confirmed by the Society Office. No transportation for EEP students.

Transportation Application

(Please print clearly)

FATHER'S NAME: _____ **MOTHER'S NAME:** _____

MAILING ADDRESS: _____
(Street / Box #) (City) (Province) (Postal Code)

PHONE (H): _____ **PHONE(C):** (Father) _____ (Mother) _____

WORK #: (Father) _____ (Mother) _____

Email Address: (Father) _____

(Mother) _____

Please check
which one is
primary email

Your accurate contact information is imperative. Please ensure that any future changes to addresses and phone numbers (including cell phones) are provided to the Transportation Coordinator immediately at transportation@immanuelcs.ca.

Please include home address and/or blue sign /911 address/TWP/RR info (for rural addresses).

Student 1:	School:	Service Required:
Name:	Grade: _____	<input type="checkbox"/> Full-time
Pick-up Address:	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
Drop-off Address:	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

Student 2:	School:	Service Required:
Name:	Grade: _____	<input type="checkbox"/> Full-time
Pick-up Address:	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
Drop-off Address:	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

*** See back to enter information for additional students**

I hereby certify that I have read, understand and agree with the terms and guidelines for Transportation Services of the Society for Christian Education in Southern Alberta (SCESA), as outlined in the *Important Information For School Bus Families, School Bus Safety Rules* and *School Fee Schedule* (societyforchristianeducation.org). I understand that failure to comply with these terms and guidelines may result, at the discretion of the SCESA, in the termination of this agreement for transportation services.

PARENT/GUARDIAN SIGNATURE(S)

DATE

Student 3:	School:	Service Required:
Name:	Grade: _____	<input type="checkbox"/> Full-time
Pick-up Address:	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
Drop-off Address:	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

Student 4:	School:	Service Required:
Name:	Grade: _____	<input type="checkbox"/> Full-time
Pick-up Address:	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
Drop-off Address:	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

Student 5:	School:	Service Required:
Name:	Grade: _____	<input type="checkbox"/> Full-time
Pick-up Address:	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
Drop-off Address:	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

ADDITIONAL COMMENTS: