



BRITISH COLUMBIA CHRISTIAN ACADEMY

NEW STUDENT INFORMATION SHEET FOR GRADES 1-12

(Parents for grades 1 – 3: Please answer questions 1 – 7 only)

The following questions are to be answered by the applying student in his/her own handwriting. If more space is needed, please attach a separate sheet, giving your name and the number of the question being answered.

RETURN WITH THE APPLICATION

Name: _____ Sex: M F

Grade Entering: _____

1. Do you want to attend B.C. Christian Academy? Yes No
Why or why not?

2. Do you complete your homework on time? Yes No Usually

3. a) What subject do you find most difficult?

b) What subject do you enjoy the most?

4. What does Jesus Christ mean to you?

5. Do you attend church on a regular basis? Yes No

Where?

Name of Church: _____ City: _____

6. What church activities are you involved in? What role do you play?

7. Are you willing to abide by the guidelines outlined on the Code of Conduct form?

Yes No

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(New student information sheet for grades 4-12 continued)

8. a) What was your average grade in school last year? _____



b) Have you ever been suspended or expelled from school? Yes No

c) If yes, please explain: _____

_____ Year: _____

9. a) Do you plan to go on to post-secondary education? Yes No Not Sure

b) What career path do you plan to follow after graduating from the school?

10. a) Do you have a job after school or on weekends? Yes No

b) What is it? _____

11. a) Have you received any honours in school or outside of school? Yes No

b) Please describe: _____

12. Select three adjectives that friends might use to describe you:

13. a) Have you ever used tobacco? Yes No

b) Have you ever used non-prescription drugs? Yes No

c) Have you ever drank alcoholic beverages? Yes No

d) If you answered "Yes" to the any of the above three questions, please provide an explanation:

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the Admissions Department should know.

Student Signature

Date (y/m/d)

By checking this box and typing my name in the field above, I am electronically signing my application.