

PARENT/GUARDIAN INFORMATION

Father / Guardian

Name _____

First Last

Address *same as student*

Address City

Province/State Country Postal Code

Home Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Mother / Guardian

Name _____

First Last

Address *same as student*

Address City

Province Country Postal Code

Home Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Student's parents are: Married Separated Divorced Single Widowed Common-Law

Student lives with: Both Parents Father Mother Custodian Guardian Other _____

If applicable, a copy of legal custody documents must accompany this application

LIVING ARRANGEMENTS WHILE IN WINNIPEG

Custodian's Full Name _____

Legal Last Legal First Legal Middle Name Commonly Used

Date of Birth _____ | _____ | _____ Relationship to Applicant _____

Winnipeg Address _____

Address City Postal Code

Home Phone _____ Alternate Phone _____ Email _____

CHURCH INFORMATION

Church Name _____

Linden Christian School exists primarily for the purpose of supporting the values and teaching of families that agree with our Doctrinal Statement of Faith. Families will be allowed to enrol based on their willingness to have their children taught according to the Doctrinal Statement of Faith of Linden Christian School (provided in a separate document). Acknowledgement of the Doctrinal Statement of Faith is required for the application form to be complete.

The information submitted in this application is accurate to the best of my knowledge. Failure to disclose pertinent information (i.e. resource needs, medical issues, behavioural problems, past or present circumstances that may impact the overall well-being of the student and the school body) may result in the enrolment status of the student being reconsidered and/or the student being asked to leave during the academic year. I understand this policy is a means to ensure the integrity of the teaching environment and to ensure that LCS can plan for and provide adequate resource staffing for the entire student body. My signature below affirms my acknowledgement and agreement with the above.

Father/Guardian _____ Mother/Guardian _____

Signature Date Signature Date

LCS is committed to maintaining the privacy and confidentiality of information provided; personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the Individual, or as required by law, and any use of personal information shall be properly documented.