



# 2021-2022 INTERNATIONAL APPLICATION FORM

877 Wilkes Avenue  
Winnipeg, MB R3P 1B8  
T: 204.989.6730  
F: 204.487.7068

FOR OFFICE USE ONLY

Last Name \_\_\_\_\_  
Date Received \_\_\_\_\_  
Application Fee  
 Cheque # \_\_\_\_\_  Cash \_\_\_\_\_  E-transfer

**INTERNATIONAL APPLICATION FOR ADMISSION TO:** Grade \_\_\_\_\_

**Please complete all sections of the application form. Ensure the following are included with your application:**

- Completed student application form.
- Copy of birth certificate translated or passport.
- Current passport size photo of student.
- \$200 non-refundable application fee per applicant (payable in Canadian funds to Linden Christian School).
- Agreement and Acceptance of Tuition Schedule and Policies Form signed by parent(s)/guardian(s).
- Certified translated copies of transcripts or school report cards - current and previous 2 years of school.
- Acknowledgement of Doctrinal Statement of Faith signed by parent(s)/guardian(s).

## STUDENT INFORMATION

Name \_\_\_\_\_  
Legal Last    Legal First    Legal Middle    Canadian Name Used

Date of Birth \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_      Age \_\_\_\_\_      Gender  Male  Female  
Month      Day      Year

Home Address \_\_\_\_\_  
Address    City    Province    Postal Code

Phone \_\_\_\_\_ Primary Family Email \_\_\_\_\_

Citizenship/Immigration Status  International Student  Parent with Study Permit  Parent with Work Permit

Language Spoken at Home \_\_\_\_\_      Country of Birth \_\_\_\_\_

Current School \_\_\_\_\_ City and Country \_\_\_\_\_

Does student have any medical conditions or allergies?  Yes  No

If yes, please explain \_\_\_\_\_

## SIBLING INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ School \_\_\_\_\_  
Month      Day      Year

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ School \_\_\_\_\_  
Month      Day      Year

## PLEASE LET US KNOW HOW YOU HEARD ABOUT LINDEN CHRISTIAN

**✓ Check all that apply**

- Internet/Website
- Facebook/Instagram
- Current School Family
- Current School Student
- Recruitment Fair
- Friend/Family
- Agency
- Other

## 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.*