



## PARENT/GUARDIAN INFORMATION

Father /  Guardian

Name \_\_\_\_\_

First Last

Address  same as student

\_\_\_\_\_

Address City

\_\_\_\_\_

Province/State Country Postal/Zip Code

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Mother /  Guardian

Name \_\_\_\_\_

First Last

Address  same as student

\_\_\_\_\_

Address City

\_\_\_\_\_

Province/State Country Postal/Zip 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

Family Church \_\_\_\_\_ Pastor/Reverend/Priest \_\_\_\_\_

(if applicable)

Linden Christian School provides a Christ-centred, biblically-based education. Biblical principles are taught in Bible classes to all grades and integrated across the curricula, in discussions, learning activities and in the general life of the school. I have read the [Doctrinal Statement of Faith](#). I acknowledge that Christian education is an integral aspect of the school program and realize that the articles of faith arise in the daily process of teaching. I consent to allowing my child to be taught the doctrine outlined in the Statement of Faith.

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.