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2021-2022 APPLICATION FORM

FOR OFFICE USE ONLY

Last Name _____
 Date Received _____
 Application Fee:
 Cheque # _____ PayPal _____ E-transfer* _____

*Send E-transfer to: accounting@lindenchristian.org

APPLICATION FOR ADMISSION TO:

- Grade _____
 Full Time Kindergarten Part Time Kindergarten

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

- \$100 non-refundable application fee per applicant (fee is transferable for one year).
- Current photo of student.
- Copy of birth certificate or passport.
- Copy of latest report card and high school transcript (if applicable).
- Acknowledgement of Doctrinal Statement of Faith signed by parent(s)/guardian(s).

PLEASE LET US KNOW HOW YOU HEARD ABOUT LINDEN CHRISTIAN SCHOOL

✓ Check all that apply

- Internet/Website Instagram/Facebook Family/Friend Grant Digital Display
 Radio Word of Mouth Event _____ Other _____

STUDENT INFORMATION

Date of Birth _____ | _____ | _____
Month Day Year

Gender Male Female

Name _____
Legal Last Legal First Legal Middle Name Commonly Used

Home Address _____
Address City Province Postal Code

Home Phone _____ Primary Family Email _____

Citizenship/Immigration Status Canadian Citizen Permanent Resident Parent Study/Work Permit – provide document

Language Spoken at Home _____ Country of Birth _____
(if not English) (if not Canada)

Current School _____ City and Country _____

Does student have any medical conditions or allergies? Yes No

If yes, please explain _____

Has student received (please provide details on a separate paper)

- Resource/Special Ed Services IEP/AEP (please attach) Behavioural Support/BIP Level 2 or 3 Funding
- Counselling Gifted/Enrichment Formal Assessments (eg. Psychology, Speech, Physical Therapy, etc.)

PARENT/GUARDIAN INFORMATION

Father / Guardian

Name _____
First Last

Address same as student

Address City

Province Postal Code

Home Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

LCS Alumnus Yes _____
If yes, graduating year and last name, if different

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

Student lives with: Both Parents Father Mother Shared Custody Guardian Other _____
If applicable, a copy of legal custody documents must accompany this application

Mother / Guardian

Name _____
First Last

Address same as student

Address City

Province Postal Code

Home Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

LCS Alumna Yes _____
If yes, graduating year and last name, if different

SIBLING INFORMATION

Name _____ Date of Birth _____ | _____ | _____ School _____
Month Day Year

Name _____ Date of Birth _____ | _____ | _____ School _____
Month Day Year

Name _____ Date of Birth _____ | _____ | _____ School _____
Month Day Year

CHURCH INFORMATION

Family Church _____ Pastor/Reverend/Priest _____
(if applicable)

OTHER INFORMATION

Reference Name _____ Phone _____ Relationship to Applicant _____
Unrelated person who knows student well

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 _____ Signature Date _____
Mother/Guardian _____ 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.