



877 Wilkes Avenue  
 Winnipeg, MB R3P 1B8  
 T: 204.989.6730  
 F: 204.487.7068  
 www.lindenchristian.org

## 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](mailto: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).
- Most recent photo of student.
- Copy of student's birth certificate or passport.
- Copy of most recent report card and high school transcript (if applicable).
- Custody Agreement (if applicable)

**PLEASE LET US KNOW HOW YOU HEARD ABOUT LINDEN CHRISTIAN SCHOOL**

✓ Check all that apply

- Website     Social Media     Current School Family     LCS Information Evening     Other \_\_\_\_\_
- Radio     Word of Mouth     Alumni     Event \_\_\_\_\_

**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 \_\_\_\_\_ (if not English)      Country of Birth \_\_\_\_\_ (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 (e.g. Psychology, Speech, Physical Therapy, etc.)

## PARENT/GUARDIAN INFORMATION

Father /  Guardian

Name \_\_\_\_\_

First Last

Address  same as student

\_\_\_\_\_

Address City

\_\_\_\_\_

Province Postal Code

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

Mobile 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

## 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 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 \_\_\_\_\_ 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.