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www.lindenchristian.org

## 2022-2023 APPLICATION FORM

### FOR OFFICE USE ONLY

Last Name \_\_\_\_\_

Date Received \_\_\_\_\_

Application Fee:  
Cheque# \_\_\_\_\_ Cash \_\_\_\_\_ 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).

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      Digital Ad      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 \_\_\_\_\_      Country of Birth \_\_\_\_\_  
(IF NOT ENGLISH)      (IF NOT CANADA)

Current School \_\_\_\_\_      Date Student Entered Canada \_\_\_\_\_

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

\_\_\_\_\_ ADDRESS CITY

PROVINCE POSTAL CODE

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

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

LCS Alumnus Yes \_\_\_\_\_  
IF YES, GRADUATING YEAR AND LAST NAME, IF DIFFERENT

Mother / Guardian

Name \_\_\_\_\_  
FIRST LAST

Address same as student \_\_\_\_\_  
ADDRESS CITY

\_\_\_\_\_ 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 _____   _____   _____ MONTH DAY YEAR	School _____
Name _____	Date of Birth _____   _____   _____ MONTH DAY YEAR	School _____
Name _____	Date of Birth _____   _____   _____ MONTH DAY YEAR	School _____

## CHURCH INFORMATION

Family Church \_\_\_\_\_ Pastor/Reverend/Priest \_\_\_\_\_  
(IF APPLICABLE)

## OTHER INFORMATION

Reference Name _____ UNRELATED PERSON WHO KNOWS STUDENT WELL	Phone _____	Relationship to Applicant _____
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**Linden Christian School provides a Christ-centred, biblically based education. I/We acknowledge that Christianity is an integral aspect of the school program and part of the daily process of teaching. I/We have read the Statement of Faith and consent to allowing my/our child to be taught as outlined in that statement.**

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
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*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.*