

WELCOME FROM THE LEADERSHIP TEAM

Dear Parents,

Thank you for your interest in enrolling your child(ren) at Saskatoon Christian School. We appreciate the privilege of working with you to train the next generation of Christian stewards. Our mission is to assist you in teaching, molding and preparing children to live as Christians in a challenging world. We encourage our students to fully develop their Godgiven potential in all aspects of life.

SCS was established in 1983 by a group of faithful Christians who saw the need for a school that had as its goal teaching children from a Biblical perspective. Today, by God's grace, SCS is an inter-denominational K – 12 school of approximately 300 students from over 20 churches offering high quality academics and extra curricular programs. Additionally, God has provided us with two gyms, athletic fields, and land for expansion. We are blessed with a dedicated and professional teaching and support staff. Students enjoy a time of praise and worship at our weekly chapels.

At SCS, we are preparing for the future by giving our students the tools they need to continue to learn about God's creation and be faithful, growing disciples of Jesus Christ in the world. It is our intention to glorify the Lord in every area: spiritual, intellectual, social, and physical. SCS students are also involved in mission projects at home and overseas, with secondary students having served in Saskatoon, Mexico and Bolivia and elementary students in the Saskatoon area.

It is our sincere hope we can be of service to you as you explore the educational choices available to your family. We have attached all relevant documents in order for you to start the admission process at SCS. If you are interested in enrolling your child(ren), please complete the enclosed application forms. We look forward to getting to know you better and assisting your family both educationally and personally.

Yours in Christ,

Murray Long – Principal Natasha Stonehouse – Vice Principal David Harris – Director



ADMISSION APPLICATION - CHECKLIST

| FO | FORMS | | | | |
|----|---|--|--|--|--|
| | ase be sure all forms are attached: | | | | |
| | Completed Admission Application – Family Information Form (one/family) and Admission Application – | | | | |
| | Student Information Form (one/student) | | | | |
| _ | Payment of \$200 Application Processing Fee (per family) | | | | |
| | Payment is due immediately in order to process your application. Fee is non-refundable. | | | | |
| | We accept Visa, Mastercard, Debit or eTransfer (applicationfee@saskatoonchristianschool.ca) | | | | |
| | Copy of Residency Verification (one/parent or guardian) | | | | |
| | One of the following pieces of verification are acceptable for Canadian Citizens: | | | | |
| | Saskatchewan Driver's License | | | | |
| | Mortgage/Lease Agreement Mailing Bill | | | | |
| | Utility Bill Final sympost Letter | | | | |
| | Employment Letter | | | | |
| | Copy of Birth Certificate | | | | |
| | Completed Student Reference Form (one/student) | | | | |
| | All students: Attach a copy of most recent report card | | | | |
| | Grades 10-12: Attach a copy of most recent transcript | | | | |
| | Grades 7-12: Completed Student Questionnaire Form (one/student) | | | | |
| | Grades 7-12: Completed Student Commitment Form (one/student) | | | | |
| | Kindergarten: Completed Kindergarten Readiness Form (one/student) | | | | |
| | | | | | |
| AD | DITIONAL FORMS IF APPLICABLE | | | | |
| | Assessments: copies of any psychological, educational, speech and language, occupational therapy, and physical therapy reports | | | | |
| | Custody agreements (The school office MUST be notified of custody issues) | | | | |
| | Parental proof of legal status: permanent resident card, refugee status, parent work permit, or parent study permit (if your child is not a Canadian citizen) | | | | |

Please use this checklist and attach it to the completed forms and materials. Applications will only be processed with all fees and forms enclosed.

Kindergarten applicants must be 5 years of age by January 31 of the school year in which they are seeking enrollment to be admitted to Kindergarten. Kindergarten readiness may require testing by our SCS resource staff.



ADMISSION APPLICATION – FAMILY INFORMATION FORM

One/family

| ist chronologically ALL children in your family (whether applying for admission or not). Child's Surname Child's Given Name(s) Birthdate (YYYY-MM-DD) Applying for Admission in Sept. 1. 2. 3. 4. 5. 6. FATHER/GUARDIAN INFORMATION Father Stepfather Married Single Separated Gitzenship: Canadian Citizen Are you an SCS Aligned Family (different from given name): Middentified First or second continuation of the continuati | Please print clearly and com CHILD(REN) INFORM | | | | | | | | | | |
|---|--|----------|-------------|-------------|-------------|-------------|---------|--------------|--|--------------------|-----------------|
| Child's Surname Child's Given Name(s) Birthdate (YYYY-MM-DD) Applying for Grade (in School Presently Enro (if homeschooling, did presently registered in Sept. 1. | | | | | | | | | | | |
| 1. | | | | | | | | Applying for | in | (if homescho | oling, division |
| 2. 3. 4. 5. 6. FATHER/GUARDIAN INFORMATION Guardian Divorced Other: Called Name (if different from given name): First Second Cot Employer: Work Phone: Called Name (if different from given name): Midd (if different from given name): | 1. | | | | | | | | Sept. | presently re | gistered in) |
| 3. 4. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| FATHER/GUARDIAN INFORMATION Father Stepfather Married Single Separated Citizenship: Canadian Citizen Yes No Surname: Given Name(s): Called Name (if different from given name): Initial Citizen Called Name (if different from given name): Initial Citizen Called Name (if different from given name): Initial Citizen Called Name Called Name (if different from given name): Initial Citizen Called Name | | | | | | | | | | | |
| FATHER/GUARDIAN INFORMATION Father Stepfather Married Single Separated Citizenship: Canadian Citizen Yes No Guardian Divorced Other: Other: Yes No Surname: Given Name(s): Called Name (if different from given name): Cell Phone: Mailing Address, City, and Postal Code: Do you want to be the first or second cot in case of emergency? First Second Cot in case of emergency? First Second Cot Mother Stepmother Married Single Separated Citizenship: Canadian Citizen Are you an SCS All Guardian Divorced Other: Are you an SCS All Guardian Divorced Other: Other: Yes No Surname: Given Name(s): Called Name (if different from given name): Initial Email Address: Home Phone: Cell Phone: Mailing Address, City, and Postal Code: Do you want to be the first or second cot Employer: Work Phone: Do you want to be the first or second cot Do you want to Do you want t | | | | | | | | | | | |
| FATHER/GUARDIAN INFORMATION Father Stepfather Married Single Separated Citizenship: Canadian Citizen Are you an SCS All Guardian Divorced Other: Yes No No Mide Gifferent from given name): Mide Initial Mother Stepmother Married Single Separated Citizenship: Called Name Mide Gifferent from given name): Cell Phone: Mother Stepmother Married Single Separated Citizenship: Canadian Citizen Are you an SCS All Guardian Divorced Other: Are you an SCS All Guardian Given Name(s): Called Name Giff different from given name): Mide Initial Giff different from given name): Cell Phone: | | | | | | | | | | | |
| Father Stepfather Married Single Separated Citizenship: Canadian Citizen Are you an SCS All Guardian Divorced Other: Other: Other: Yes No Midd Initia Initia Surname: Given Name(s): Called Name (if different from given name): Cell Phone: | o. | | | | | | | | | | |
| Father Stepfather Married Single Separated Citizenship: Canadian Citizen Are you an SCS All Guardian Divorced Other: Other: Other: Midd Initia Initia Called Name Midd Initia Called Name Cell Phone: | EATHED/GIIADDIAN | LINEO | DMATION | | | | | | | | |
| Guardian Divorced Other: Other: Yes No Surname: Given Name(s): Called Name (if different from given name): Midd Initial (in case of emergency? First Second Cotin case of emerge | • | | | ∃Sen | arated | Citiz | enshin: | ☐ Canadian | Citizen | Are you an | SCS Alumni |
| Given Name(s): Called Name (if different from given name): Cell Phone: | = | | _ | - | | Citiz | enomp. | | | | |
| Home Phone: Cell Phone: Cell Phone: Mailing Address, City, and Postal Code: | Surname: | | | | Called Name | | lame | | | Middle Initial: | |
| Work Phone: Do you want to be the first or second con in case of emergency? First Second con in ca | Email Address: | | | | Home Phone: | | | Cell Phone: | | | |
| MOTHER/GUARDIAN INFORMATION Mother Stepmother Married Single Separated Citizenship: Canadian Citizen Are you an SCS Ale Guardian Divorced Other: Other: Yes No Surname: Given Name(s): Called Name Midd (if different from given name): Initial Email Address: Home Phone: Cell Phone: Mailing Address, City, and Postal Code: Do you want to be the first or second company Mother Stepmother Are you an SCS Ale Other: Yes No Called Name Midd Initial Initial Cell Phone: Cell Phone: Cell Phone: Mailing Address, City, and Postal Code: Do you want to be the first or second company Called Name Midd Called N | Mailing Address, City, and P | ostal Co | de: | | | | | | | | |
| Mother □ Stepmother □ Married □ Single □ Separated □ Citizenship: □ Canadian Citizen □ Yes □ No Guardian □ Divorced □ Other: □ Other: □ Other: □ Yes □ No Given Name(s): □ Called Name (if different from given name): □ Initial Calling Address. □ Cell Phone: □ Cell Phone: Mailing Address, City, and Postal Code: □ Work Phone: □ Do you want to be the first or second complete the complete of | Employer: | | | Wo | | | | | o you want to be the first or second contact case of emergency? \square First \square Second | | |
| Mother □ Stepmother □ Married □ Single □ Separated □ Other: □ Other: □ Other: □ Other: □ Yes □ No Surname: □ Given Name(s): □ Canadian Citizen □ Yes □ No Called Name □ Given Name(s): □ Called Name □ Giff different from given name): □ Cell Phone: Mailing Address, City, and Postal Code: □ Work Phone: □ Do you want to be the first or second company of the company | | | | | | | | | | | |
| Guardian Divorced Other: Other: Yes No Gurname: Given Name(s): Called Name (if different from given name): Initial Email Address: Home Phone: Cell Phone: Mailing Address, City, and Postal Code: Employer: Work Phone: Do you want to be the first or second co | | | | | | 1 | | | | T | <u> </u> |
| Given Name(s): Called Name (if different from given name): Midd Initia Email Address: Home Phone: Cell Phone: Mailing Address, City, and Postal Code: Employer: Work Phone: Do you want to be the first or second co | | | _ | ⊔ Sep | arated | Citiz | enship: | | | - | |
| Email Address: Home Phone: Cell Phone: Mailing Address, City, and Postal Code: Employer: Work Phone: Do you want to be the first or second co | Gurname: | | | | | Called Name | | 1 | Middle Initial: | | |
| Employer: Work Phone: Do you want to be the first or second co | Email Address: | | | Home Phone: | | | | | | | |
| | Mailing Address, City, and P | ostal Co | de: | | 1 | | | | | | |
| | Employer: | | | Wo | rk Phone | : | | | | | |
| FINANCIAL ASSISTANCE | ΕΙΝΔΝΟΙΔΙ ΔSSISTA | NCF | | | | | | | | | |
| Do you intend to apply for financial assistance? ☐ Yes ☐ No | | | assistance? | Yes | □ No | | | | | | |

| EMERGENCY CONTACT INFOR | MATION | | | | | |
|--|--|--------------------------------|---------------------------------|--|--|--|
| Surname: | | Given Name(s): | | | | |
| Relationship to Child(ren): Grandparent Relative Friend Other Caregiver | | | | | | |
| Home Phone: | Work Phone: | | Cell Phone: | | | |
| | | | | | | |
| CHURCH AFFILIATION | | | | | | |
| Name of Church: | | | Number of Years Attending: | | | |
| WIIIV CCC2 | | | | | | |
| WHY SCS? | | | | | | |
| Please let us know how you learned abou ☐ Alumni ☐ Church Event ☐ Current SC ☐ Other (explain): | CS Student 🗆 Facebook | \square Open House \square | Parent of SCS Student Website | | | |
| \square Academic Reputation \square Christian Philo family | What are the three main factors influencing you to apply to Saskatoon Christian School (check three that apply): ☐ Academic Reputation ☐ Christian Philosophy ☐ Desire to attend a Christian School ☐ Location ☐ Recommended by an SCS family ☐ Other (explain): | | | | | |
| We want any shild/year) to attend Contrate | an Christian Cabaal fan t | ha fallanda a saasaa | | | | |
| We want our child(ren) to attend Saskato | on Christian School for ti | ne following reasons | 5: | | | |
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PARENT COMMITMENT

Because the education of children is a joint commitment between home and school, the following is expected from all parents whose children attend Saskatoon Christian School. Please indicate your commitment by signing below.

With God's help, I/We will strive to:

- Support the policies of SCS
- Ensure my child(ren) regularly attend(s) school and arrive(s) at school on time
- Encourage my grade 7 12 child(ren) to follow through with the SCS Student Commitment
- Support the school in maintaining a high standard of Christian conduct. Serious lapses in conduct may be considered grounds for suspension or expulsion
- Practice the Matthew 18 principle where I am asked to resolve any difficulties with school personnel directly. If the conflict is
 unresolved, I will discuss the matter with the next person in authority. Generally, the line of authority is as follows: Teacher, Vice
 Principal, and Principal
- Attend a Bible-believing, Christ-confessing church with my child(ren)
- Partner with SCS in ministering to the spiritual, intellectual, social, and physical needs of my child(ren)
- Regularly attend functions requiring parent participation. I will cooperate in fundraising and volunteering and will regularly uphold Saskatoon Christian School in prayer
- Support SCS staff as they seek to teach the essential doctrines of the Christian faith and develop the whole child based on a proper understanding and acceptance of him/her as God made him/her and the fulfilment of his/her capabilities in Christ
- Cooperate closely with, and wholeheartedly support, my child's teacher. I will attempt to reinforce at home what is being communicated at the school in every way possible
- Notify the school of any student absence from a regularly scheduled class by phone or email to the School Office at reception@saskatoonchristianschool.ca

STATEMENT OF FAITH

Saskatoon Christian School (SCS) operates in accordance with absolute principles revealed in the Bible. These principles have been summarized in our Statement of Faith and are integrated into every aspect of our academic instruction, child/staff relationships, and are used as a guide for our ethical and moral standards for behaviour and business practices. Every child who attends SCS will be taught using these absolute principles which support a Christian worldview.

WE BELIEVE there is only one God (Deuteronomy 6:4), who exists eternally (Psalm 90:2) in three equal persons – Father, Son, and Holy Spirit (Matthew 28:19) and who created the heavens and the earth and all that is in them by the power of His spoken Word (Genesis 1-2).

WE BELIEVE that the Scriptures of the Old and New Testaments, inerrant as original given, are the inspired, infallible Word of God and they constitute the divine and only rule of Christian faith and practice (2 Peter 1:20-21; 2 Timothy 3:15-16).

WE BELIEVE in the full deity and full humanity of our Lord Jesus Christ (Philippians 2:6-11); His virgin birth (Luke 1:34-38); His sinless life (1Peter 3:18); His miracles (Mark 6:2); His substitutionary death (Romans 5:8-9, Hebrews 2:9); His physical resurrection for our justification (Acts 2:23-24); His ascension to the right hand of the Father (Acts 1:9-11); and His personal return in power and glory to judge the living and the dead (Matthew 26:64).

WE BELIEVE that man was created by God in His own image (Genesis 1:27); man was spiritually separated from God because of sin (1 Corinthians15:20-23) and is incapable of being reconciled to God apart from the work of Christ on the cross.

WE BELIEVE that salvation is a gift from God (Ephesians 2:8-9) and it is the blood of Christ that fully justifies the believer (1Corinthians 15:21-24); therefore, there no longer exists condemnation or guilt before the Father (Romans 8:1).

WE BELIEVE the Holy Spirit is sent to indwell, guide, teach and empower the believer (John 16:13, Acts 1:8); and to convict the world of sin, righteousness and judgment (John 16:7-11).

STATEMENT OF FAITH continued...

WE BELIEVE that the Church is the body of Christ (Ephesians 1:22-23), born-again believers in fellowship with Christ and with fellow believers (Ephesians 3:10), and commissioned by Christ to go into all the world as a witness, preaching the Gospel to all nations (Matthew 28:19-20, Ephesians 3:10).

WE BELIEVE in the resurrection of all people, the saints to everlasting fellowship with God (1 Corinthians 15:20-23), and the lost to eternal punishment (John 5:28-29).

WE BELIEVE that it is God's intent that each believer should maintain regular attendance in a Bible-believing, Christ-confessing Church (Hebrews 10:25).

PARENT/GUARDIAN SIGNATURES

| Please ca | refully re | ad the following. <u>BOTH</u> PARENTS/GUARDIANS MUST INITIAL <u>EACH</u> POI | NT. | Initials | | |
|---|---|--|--------------------|------------------------|--|--|
| 1. | PARENT (| ${\sf COMMITMENT:}$ I have read, understand and support the Parent Commit . | | Parent 1: Parent 2: | | |
| 2. | STATEMENT OF FAITH: I have read, understand and support the Statement of Faith included on this form. | | | | | |
| 3. | VISION, MISSION AND VALUES: I have read, understand and support the Vision, Mission Parent 1: and Values (on our website at About Us>Vision, Mission & Values). Parent 2: | | | | | |
| 4. | FUNDRAISING: Every parent with a child in this school is a member of Saskatoon Society for Christian Education Inc., which owns and operates Saskatoon Christian School. By virtue of that membership, each parent is an "OWNER" of the school. Every fundraising event in this school is organized and run by the owners of this school and the owners are the principal beneficiaries of the proceeds of these fundraising events. As a Certified Independent School, we receive 75% of the provincial per student average funding for each of our students. This funding is limited to operating costs and makes no provision for any "capital requirements". The money required for our capital expenses and the 25% shortfall in operating funding must come from either tuition or fundraising. This means every dollar raised from fundraising is one less dollar parents need to pay in tuition. Parent is understand that each parent is required to participate fully in the fundraising efforts of the school. | | | | | |
| 5. | 5. DRIVER AUTHORIZATION: I understand that I must have an approved Driver Authorization Form signed by the Principal for transporting children other than my own to or from any school authorized event (field trips, sport teams, ski trip, outdoor education activities, etc.). A Driver Authorization Form may be obtained at the School Office or on our website at Parent Zone >Infohub>School-General> Parent Driver Authorization Form. | | | | | |
| 6. | PRIVACY POLICY: I understand that Saskatoon Christian School collects and manages data in accordance with the Privacy Policy as found on our website in Admissions. Parent 1: Parent 2: | | | | | |
| By signing below, I/we agree that this form has been completed accurately and that the information is true and correct to the best of my/our knowledge. Further, my/our initials indicate that I/we have read, understand, and support the 6 points noted above. Father/Guardian Signature: Date (YYYY-MM-DD): | | | | | | |
| | 7 | Mother/Guardian Signature: | Date (YYYY-MM-DD): | | | |



☐ Yes ☐ No

ADMISSION APPLICATION – STUDENT INFORMATION FORM

One/student SASKATOON CHRISTIAN SCHOOL Family Name(s): ______ Please print clearly and complete ALL information. STUDENT INFORMATION Surname: Given Name(s): Called or Usual Name (if different than given name): \square M \square F Student Cell Phone: Student Email: Birth date: Citizenship:

Canadian Citizen Country of Birth:

Canada (YYYY/MM/DD) \square Other: \square Other: First Language: Second Language: Language Spoken at Home: The School Office must be notified about custody issues. If child(ren) are not living with both biological parents, please provide a copy of the legal document pertaining to custody. • The student resides with: ☐ Both Parents ☐ Both Parents-Separate Homes ☐ Mother Only ☐ Father Only ☐ Guardian • Documents regarding guardianship, custody, or access rights exist: ☐ Yes ☐ No If yes, specify type: ☐ Access and/or Custody ☐ Parenting ☐ Guardianship ☐ Protection ☐ Other ___ School Presently Enrolled In (if homeschooling, division presently registered in): School Year (YYYY-YYYY): Applying for Grade: If your child will be driving a vehicle to school, please provide us with the vehicle information: License Plate Number: Student Vehicle: (Make/Model/Colour) **RESOURCE INFORMATION** In order to plan our resource personnel each year, SCS must be made aware of student needs at the time of registration. Otherwise, the school may be placed in a position where we are unable to meet the needs of the student. ☐ Yes ☐ No Has your child been referred to any specialist (allergist, eye doctor, hearing, pediatrician, etc.)? Please list: ☐ Yes ☐ No Has your child ever received any diagnostic testing? ☐ Academic ☐ Medical Dates of testing (if applicable): Explain.

Do any agencies such as tutoring, health clinics, speech pathologists, etc., have reports regarding your child?

| RESOURCE | INFORMATION contin | ued | | | | |
|---|--|--|------------------------------|-----------------------------|--|--|
| ☐ Yes ☐ No | ☐ Yes ☐ No Has your child received tutoring or learning assistance time in the past 5 years (including Educational Assistant | | | | | |
| | or resource support)? Explain | • | | | | |
| | | | | | | |
| ☐ Yes ☐ No | Has vour child ever been expe | elled, dismissed, suspended, or refused a | admission to anoth | ner school? Explain. | | |
| | , , | ,,,,, | | | | |
| | | | | | | |
| ☐ Yes ☐ No | | now about your child's character and/or | | | | |
| | behavioural or physical difficu | ng into the classroom environment, and | any previous asse | essments for learning, | | |
| | benavioural of physical diffice | intes: Explain. | | | | |
| | | | | | | |
| ☐ Yes ☐ No | 1 | neschooled or participated in online clas | ses in the last 2 y e | ears? | | |
| | Explain. | | | | | |
| | | | | | | |
| ☐ Yes ☐ No | Would your child benefit from | n EAL services (English as an additional la | anguage)? | | | |
| | | Resource/Special Education assistance | | d has received within the | | |
| last 5 years. | sileet, please illuicate all liFs of | nesource/special Education assistance/ | rtutoring your crin | u nas received within the | | |
| , | | | | | | |
| | | cational, speech and language, occupat | | | | |
| | | to be complete. Students cannot be ac | cepted into SCS u | ntil ALL information is | | |
| available. Docu | mentation MUST accompany t | ne application. | | | | |
| | | | | | | |
| MEDICAL IN | NFORMATION | | | | | |
| Saskatchewan Health Card Number: Check if applicable : | | | | | | |
| Doctor's Name: | | Doctor's Phone Number: | | to Saskatchewan and will | | |
| | | | Office as soon a | ormation to the School | | |
| 16 -4 | | | | | | |
| | | ool, it is to be stored at the School Office School Office when dropping off medica | | | | |
| _ | medication is maintained. | School Office when dropping on medica | ation: A written it | ecord or each time a child | | |
| Please list any | life-threatening medical condi | tions that require regular or emergen | cy medication F | Please also list any other | | |
| | concerns that the school shou | | cy medication. P | riease also list ally other | | |
| | | | T | | | |
| Medical Condition | on/Concern: | | Medication: | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | 4. | | | | | |
| | | | | | | |
| Physical Educati | on medical information needs t | to be updated yearly for each student pa | articipating in Phys | sical Education classes | | |
| | · · · · · · · · · · · · · · · · · · · | surgeries, new allergies, conditions or pr | evious injuries tha | at may affect your child's | | |
| ability to partici | pate In our physical education p | programs. | | | | |
| Allergy/Injury/S | urgery | | | Year of Injury/Surgery | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

| MEDICAL IN | IFORMATION continued | | | | |
|--|---|--|--|--|--|
| Students may ask for acetaminophen/ibuprofen/allergy medication (Reactine/Benadryl) from the staff in the School Office. Please indicate your permission for the School Office to dispense acetaminophen/ibuprofen/allergy medication (Reactine/Benadryl). | | | | | |
| Please select on | e: \square Yes, appropriate dosage $\ \square$ No, please contact a parent/guardian | first | | | |
| | | | | | |
| AUTHORIZATIO | N FOR EMERGENCY MEDICAL CARE | | | | |
| Saskatoon Christ I hereby authoriz | nnot be reached to make arrangements for emergency medical care at tilitian School to take my child to the nearest Emergency Medical Service loc The SCS to call an ambulance to provide first aid and transport to the neares the ambulance costs. A member of the SCS staff will remain with the child | ration. In the event of a serious accident, est Emergency Medical Service location. I | | | |
| SIGN HERE | Parent/Guardian Signature: | Date (YYYY-MM-DD): | | | |
| By signing below, I/we agree that this form has been completed accurately and that the information is true and correct to the best of my/our knowledge. | | | | | |
| SIGN | Father/Guardian Signature: | Date (YYYY-MM-DD): | | | |
| HERE | | | | | |
| | Mother/Guardian Signature: | Date (YYYY-MM-DD): | | | |



STUDENT REFERENCE FORM

Student's Full Name: __

| | | nber who is over 2 | 1 years of age a | nd knows the chil | d personally. | | |
|------------------|------------------|--------------------|------------------|-------------------|---------------|------------|-----------|
| How long have y | you known the s | tudent? | | | | | |
| How do you kno | ow the student? | | | | | | |
| How often are y | ou in contact w | ith the student? | □ Weekly □ | Monthly 🗆 (| Occasionally | ☐ Seldom | |
| Circle the words | s which best des | cribe the student: | | | | | |
| Tolerant | Spiritual | Loud | Follower | Flexible | Troubled | Prompt | Congenial |
| Organized | Meek | Careless | Dramatic | Easy-going | Lethargic | Humble | Neat |
| Tender | Shy | Responsible | Sociable | Forgiving | Cheerful | Articulate | Creative |
| Sincere | Studious | Defensive | Loving | Devoted | Quiet | Friendly | Proud |
| Joyful | Loyal | Vivacious | Active | Goofy | Angry | Respectful | Honest |
| Stubborn | Teachable | Indecisive | Open | Rebellious | Leader | | |

One/student

| | Г |
|------|-----|
| SIGN | |
| HERE | |
| Hane | |
| | - 1 |

Name:

Phone:

| Signature: | Date (YYYY-MM-DD): |
|------------|--------------------|
| | |

Occupation:

Email:

Thank you for completing this reference as part of the process for admission to Saskatoon Christian School.

The information you provide is confidential and will be used only in the admission process. It will not be shared with the student or their parents.

We ask that you send this completed form by mail, fax, or email directly to Saskatoon Christian School.

Mail: Site 510, Box 8, RR5 Fax: 306.343.0366 Email: admissions@saskatoonchristianschool.ca Saskatoon SK S7K 3J8



KINDERGARTEN READINESS FORM

One/student

| Student's Full Name: | |
|----------------------|--|
| | |
| | |

| KINDERGARTEN STUDENT PROFILE |
|--|
| Usually my child likes to play: |
| ☐ with brother/sisters ☐ alone ☐ with friends ☐ with cousins ☐ with neighbourhood children ☐ Other (Explain) |
| My child likes to pretend: |
| When I am with my child, these are the things we like to do: |
| For his/her age, do you consider your child to be: □ immature □ average □ mature |
| Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident). |
| Playschool, daycare or Sunday School programs (if attended): |
| Length of program: |
| Additional activities (story hour, swimming lessons, soccer, minor hockey, Awana, etc.): |
| Is there anything else you would like us to know about your child? |
| |
| Parental contribution to the class: Please list any specific talent, skill, job, career, or hobby you would be willing to share with class (e.g. music, cooking, crafts, woodcarving, beekeeper, etc.) |

KINDERGARTEN READINESS CHECKLIST

Starting Kindergarten is a big step for children. They will meet new people, spend time in a new classroom, and learn new rules. As a parent or caregiver, you can help your child start Kindergarten ready to succeed. Some children will not possess all the skills included here, but that will not prevent them from entering school. This is simply a list of skills that will give you a place to begin in preparing children for entering Kindergarten.

In their earliest years, children can learn so many things simply through playing, exploring and reading with you. It's never too early to give your child a lifelong love of learning! The purpose of this information is not to alarm parents with a list of skills their child does not have. Instead, it is to empower them! It is fun to teach children basic skills, like counting and the alphabet.

Do not be overly concerned if your child is not able to do everything on the list. There is plenty of time for your child to practice and master these skills. The information collected here puts parents in a position to help a child improve their skills before they go to Kindergarten, thereby increasing the child's chances for educational success; it also helps the Kindergarten teacher more fully understand the children coming into Kindergarten.

| VIS | UAL DISCRIMINATION |
|-----|--|
| | Can find two matching shapes, objects, or letters |
| | Can identify colours: red, blue, purple, pink, gray, black, white, brown, yellow, orange, green List any colour not identified: |
| | Can identify shapes: circle, rectangle, square, triangle, diamond List any shapes not identified: |
| LAN | IGUAGE |
| | Can say the letters of the alphabet in order |
| | Can recognize and name the lower-case letters in non-alphabetical order List any letters not recognized: |
| | Can recognize and name the upper-case letters in non-alphabetical order List any letters not recognized: |
| | Can identify the sounds of letters |
| | Can speak in sentences of 5 or more words in a group setting |
| NU | MBERS |
| | Can count by ones to 20 |
| | Can recognize numerals from one to ten List any numerals not recognized: |
| | Can match groups of objects to the corresponding numeral, i.e. *** = 3 |
| | Can hold up the appropriate number of fingers when shown numerals from one to ten |

| KINDERGARTEN READINESS CHECKLIST continued | | |
|--|---|--------------------|
| FINE MOTOR SKILLS | | |
| | Can cut with scissors along a straight line | |
| | Can cut with scissors along a curved line | |
| | Can hold a crayon or pencil to draw easily with good control | |
| | Can colour within lines | |
| | Can assemble puzzles | |
| | Can write first name with a capital letter and lower-case letters | |
| MISCELLANEOUS | | |
| | Can listen and follow directions in a group setting | |
| | Can work independently in a group setting | |
| | Can play cooperatively | |
| COMMENTS: | | |
| | | |
| | | |
| | | |
| | | |
| SIC | Parent/Guardian Signature: | Date (YYYY-MM-DD): |