



Olds Mountain View Christian School

Student Application

This application form is a legal document. All information will be treated confidentially. It is the responsibility of parents/guardians to notify the school of any changes to the following information. You will be contacted for an interview.

Student Information			
Alberta Student Number (ASN)	Grade Enrolling In	Date of Application	
Legal Name			
<div style="display: flex; justify-content: space-between;"> _____ Surname _____ First Name _____ Middle Name </div>			
Preferred Name (if different)			
<div style="display: flex; justify-content: space-between;"> _____ Surname _____ First Name _____ Middle Name </div>			
Gender	Date of Birth	Current Age	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<div style="display: flex; justify-content: space-around;"> _____ Month _____ Day _____ Year </div>	<div style="display: flex; justify-content: space-around;"> _____ Years _____ Months </div>	
Mailing Address			
<div style="display: flex; justify-content: space-between;"> _____ Address _____ City/Town _____ Province _____ Postal Code </div>			
Physical Address (if different than mailing)	Student Home Phone	Student Cell Phone (if applicable)	

School History		
Name of Previous School Attended	City/Town	Province
Has the student ever used A.C.E. curriculum?		School Tax Jurisdiction
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what Year? _____		

English as a Second Language (ESL)
A student may be eligible for ESL support when the primary language spoken at home is a language other than English. Is English the student's first language? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what language is spoken at home? _____

Scholastic Information
Has the student ever been expelled, dismissed, suspended, or refused admission to another school?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
Has the student ever had disciplinary difficulties at school?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
Has the student ever been convicted of a Juvenile/Criminal offence for which a pardon has not been granted?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
Has the student ever used tobacco, alcohol, or non-prescription drugs of any kind?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
Please indicate the academic level of the student's previous work:
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor

Does the student struggle in any specific academic subject?

Yes No If yes, please explain:

Has the student ever been recommended for or received help for any special needs? (E.g. special ed., learning disability, hyperactivity, ADD, remedial/resource instruction or other)

Yes No If yes, please explain: _____

How did you hear about our school?

Character Reference Name: _____ Phone: _____

What are your reasons for selecting OMVCS?

Parents/Guardians - Primary Residence

Contact 1

Name: _____
Relationship to Student: _____
Employer: _____
Position: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Born Again Christian? Yes No
Attend Church: Weekly Occasionally Rarely
Living with Student? Yes No
Marital Status: _____

Contact 2

Name: _____
Relationship to Student: _____
Employer: _____
Position: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Born Again Christian? Yes No
Attend Church: Weekly Occasionally Rarely
Living with Student? Yes No
Marital Status: _____

Additional Parents/Guardians - Secondary Residence (if applicable)

Contact 3

Name: _____
Relationship to Student: _____
Employer: _____
Position: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Born Again Christian? Yes No
Attend Church: Weekly Occasionally Rarely
Living with Student? Yes No
Marital Status: _____

Contact 4

Name: _____
Relationship to Student: _____
Employer: _____
Position: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Born Again Christian? Yes No
Attend Church: Weekly Occasionally Rarely
Living with Student? Yes No
Marital Status: _____

Custody

If the student is not living with mother and father, please provide custody arrangements and provide supporting documentation.

Office Use Only:

Received: Application Fee Pastoral reference

Interview Date/Time: _____

Accepted

Yes No