

**Application for Enrolment  
Lighthouse Christian Academy**

4290 50 Street  
Sylvan Lake, Alberta  
T4S 0H3

Phone #403-887-2166

**CHILD BEING APPLIED FOR:** \_\_\_\_\_ **AB EDUCATION ID#** \_\_\_\_\_

Full legal name \_\_\_\_\_ Grade \_\_\_\_\_

Also known as \_\_\_\_\_ Address \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone( ) \_\_\_\_\_

Birthdate (Y/M/D) \_\_\_\_\_ AHC#(optional) \_\_\_\_\_

Previous School and Grade \_\_\_\_\_

If you wish to declare that you (applicant) are an Aboriginal person, please specify:  
\_\_\_\_ Status Indian/First Nations \_\_\_\_ -Non-Status Indian/First Nations \_\_\_\_ Metis \_\_\_\_ Inuit  
ALBERTA LEARNING IN COLLECTING THIS INFORMATION PURSUANT TO SECTION 33© OF THE FOIP ACT AS THE  
INFORMAITON RELATES DIRECTLY TO AND IS NECESSARY TO MEET ITS MANDATE AND RESPONSIBILITIES TO  
MEASURE SYSTEM EFFECTIVENESS OVER TIME AND DEVELOP POLICIES, PROGRAMS AND SERVICES TO  
IMPROVE ABORIGINAL LEARNER SUCCESS.  
For further information or if you have any questions regarding the collection activity, please contact the office of the Director,  
Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155-102 Street, Edmonton, Ab.  
T5J 4L5, (780) 427-8501.

Eligible or section 23 Canadian Charter of Rights and Freedoms \_\_\_\_\_ yes \_\_\_\_\_ no

Parent(s) Wish to exercise this Right \_\_\_\_\_ yes \_\_\_\_\_ no

Language (s) spoken at home \_\_\_\_\_

Citizenship, if not Canadian \_\_\_\_\_

Immigration Status \_\_\_\_\_ Expiry Date (Y/M/D) if applicable \_\_\_\_\_

**STUDENT LIVES WITH:** (Check one) Mother & Father\_\_\_\_ Mother & Step-Dad\_\_\_\_  
Father & Step-Mom\_\_\_\_ Mother\_\_\_\_ Father\_\_\_\_  
Other (please specify) \_\_\_\_\_

Marital Status (please specify) \_\_\_\_\_

**FAMILY INFORMATION:**

Mother Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Father Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Mailing Address (if different than from above) \_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_ or Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Family Doctor \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work phone# \_\_\_\_\_ Home# \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work phone# \_\_\_\_\_ Home# \_\_\_\_\_

Other Siblings: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Church you (applicant) attend \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Father: Christian \_\_\_\_\_  
 Mother: Christian \_\_\_\_\_

Has the applicant ever made a profession of Faith in Jesus? If yes, when? \_\_\_\_\_  
 \_\_\_\_\_

Comments concerning allergies, health, speech, habits, etc., which the teacher and the school should be aware of:  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the student have any physical, mental or emotional concerns? \_\_\_\_\_  
 \_\_\_\_\_

Has the student ever had any disciplinary difficulties? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_



Please give any additional information relevant to your child that would benefit to the school. \_\_\_\_\_  
 \_\_\_\_\_

**CONSENT FORM FOR PERSONAL INFORMATION**

I, \_\_\_\_\_ consent to allow Lighthouse Christian Academy to release, collect, use or disclose personal information for its operational and administrative purposes,

Including but not limited to:

- pictures in yearbook
- class pictures
- surveys to improve the school
- family phone lists for office use to contact parents
- newspaper inserts to promote student's education
- computer web mail
- bulletin board
- 

I understand that Lighthouse Christian Academy is subject to provincial and federal privacy legislation and has in place a Policy and Privacy to ensure compliance with privacy legislation and standards.

I am aware of the risks and benefits associated with consenting or not consenting to collection that I may revoke my consent at anytime by providing a signed, written statement of revocation to Lighthouse Christian Academy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_