



NEW STUDENT APPLICATION FORM

2017-2018

800 Hwy 330 PO Box 116 McGray Post Office NS B0W 2G0

T 902-635-0436

E info@oceanviewchristianacademy.ca

W www.oceanviewchristianacademy.ca

OFFICE USE ONLY: Date Rec'd _____ Reg. Paid _____ Amount _____ # of Students _____

| Family Information | | | | |
|--|-----------------------------|--|---|--|
| Father's Last Name | Father's First Name | Lives with student | Employer | Work Phone |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mother's Last Name | Mother's First Name | Lives with student | Employer | Work Phone |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Home Address | | Mailing Address | | |
| Apartment Number | Street address | PO Box Number | Other | |
| | | | | |
| City/ Town | Postal Code | City/ Town | Postal Code | |
| | | | | |
| Contact Information | | | | |
| Home Phone | Cell # | (Other) | Permission to Publish | |
| | | | I give permission for my home phone # to be published on a list issued to school families | Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary E-Mail Address | Secondary E-Mail (Optional) | | No Email Address | |
| | | | <input type="checkbox"/> | |
| <i>(Oceanview Christian Academy uses email as a major communication method with school families)</i> | | | | |
| Church Affiliation: | | | | |
| Church Name | Complete Address | Pastor's name | Phone # | Attendance |
| | | | | <input type="checkbox"/> Attend Regularly <input type="checkbox"/> No Church Home |

Students Applying: Please complete for each child for whom you are applying

| Child's full name | Date of Birth (dd/mm/yyyy) | Grade completed | SIN # |
|-------------------|-------------------------------|-----------------|-------|
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Are you applying for the admission of all school aged children? Yes No

If "No", please state the reasons for not enrolling your other children:

School Information

| Last School Attended | District | Last Grade | School Phone # |
|----------------------|----------|------------|----------------|
| | | | |

Please state why you wish your child(ren) to attend Oceanview Christian Academy (OCA):

How did you learn about Oceanview Christian Academy?

We would like enrolment to begin: (Day/Month/Year)

Student information: *Please answer for each applicant (provide extra paper if necessary)*

Are there any issues that OCA should be aware of in considering your child's education at OCA?

If "Yes", please explain:

Serious behavioural/ disciplinary difficulty? Yes No

Suspension, expulsion? Yes No

Additional Documentation

Please complete the attached forms and submit with application

- Reference letter (page 1, 1 per family; page 2, 1 per student enrolling) *One per family*
- Parental Understanding and Commitment / Financial Commitment Form
- Statement of Faith
- One per student enrolling*
- Medical form
- School Permission Form

OCEANVIEW CHRISTIAN ACADEMY STATEMENT OF FAITH

Preamble:

Oceanview Christian Academy is non-denominational in its teaching approach and in its acceptance of constituents. OCA adheres to and teaches basic tenets of the Christian faith only, not denominational positions.

All faculty, staff and council members must be able to sign the Statement of Faith without reservation. Each parent must be able to sign either that s/he agrees with the Statement of Faith, or that s/he agrees with the school's right to uphold the Statement of Faith.

OCA Statement of Faith

1. We believe that the Scriptures of the Old and New Testament are verbally inspired by God and inerrant in the original writing, and that they are of supreme and final authority in faith and life. (2 Timothy 3:16)
2. We believe in one God, eternally existing in three persons: Father, Son, and Holy Spirit. (Matthew 28:19, John 1:1&2, John 14: 8-26)
3. We believe that Jesus Christ was begotten by the Holy Spirit and born of the Virgin Mary and is true God and true man. (Luke 1:26-28)
4. We believe that man was created in the image of God, that he sinned and thereby incurred not only physical death, but also spiritual death, which is separation from God; and that all human beings are born with a sinful nature, thus being sinners in thought, word, and deed. (Romans 3:23, Ephesians 2:1-3)
5. We believe in the personality of Satan. (John 8:44)
6. We believe that the Lord Jesus Christ died for our sins, according to the scriptures, as a representative and substitutionary sacrifice; and that all who believe in Him are justified on the ground of His shed blood. (Romans 5:8-11)
7. We believe in the resurrection of the crucified body of our Lord, in His bodily ascension into Heaven, and in His present life there for us as High Priest and Advocate. (I Corinthians 15:3&4, 1 John 2:1)
8. We believe in the "Blessed Hope" - the personal and imminent return of our Lord and Saviour Jesus Christ. (I Thessalonians 4:13-17)
9. We believe that only through faith alone in the person and work of Jesus Christ alone and repentance from sin can one be reconciled to God and experience true life and joy (John 3:18, 14:6; Acts 4:12; Romans 3:21-26; 1 Timothy 2:5-6).
10. **We believe in the present ministry of the Holy Spirit, by who's indwelling the Christian is enabled to live a godly life and bear fruit which will remain.** (1 John 3:24)
11. We believe in the bodily resurrection of both the just and the unjust - the just to everlasting bliss in Heaven and the unjust to everlasting punishment in Hell. (Revelation 20:11-15)
12. We believe baptism is intended only for those who have professed faith in Jesus Christ and can give sufficient testimony to the basics of Christian beliefs. We also believe in baptism by immersion because it is the original meaning of the word and best symbolizes the reality to which baptism points: our death and resurrection in Christ (Matthew 28:18-20; Acts 2:38; Romans 6:1-11).
13. We believe that God has established marriage as an exclusive relationship between one man and one woman, and that all intimate sexual activity outside the marriage relationship, whether heterosexual, homosexual, or otherwise, is sin. We believe that **God created the human race man and female and that all conduct with the intent to adopt a gender other than one's birth gender is sin** (Gen. 2:24-25; Ex. 20:14, 17, 22:19; Lev. 18:22-23, 20:13, 15-16; Matt. 19:4-6, 9; Rom 1:18-31; 1 Cor. 6:9-10, 15-20; 1 Tim. 1:8-11; Jude 7; Gen. 1:27; Deut. 22:5).
14. **We believe that Church attendance is not just a "good suggestion"; it is God's will for believers. Church attendance, participation, and fellowship should be regular aspects of a believer's life. Someone who belongs to Christ should have a desire to worship God, receive His Word, and fellowship with other believers regularly.** (Hebrews 10:24-25; 1 Corinthians 12:12-27; Acts 2:41-42; Ephesians 2:19-22)

| Each parent please sign <u>one</u> of the statements below: | Father | Mother |
|---|--------|--------|
| I have read and agree with the OCA Statement of Faith | | |
| OR | | |
| I have read the OCA Statement of Faith and agree with the school's right to uphold this statement | | |

OCEANVIEW CHRISTIAN ACADEMY

PARENTAL UNDERSTANDING AND COMMITMENT FORM

We understand that a basic responsibility of Christian parents is to “train up a child in the way he should go...that when he is old he will not depart from it.” (Proverbs 22:6). Oceanview Christian Academy is a school seeking to mold your children’s lives after God’s fashion. Successful Christian living hinges on three areas: the home, the church, and the school. These institutions must work cooperatively together. Parents should not give their responsibility to the Christian school and let them train the children alone. Both the home and the school share this responsibility. Therefore, as parents we pledge to do our part and enter into covenant with OCA.

- It is my choice as a parent that my child have an academic education based on the Word of God and its teachings.
- I believe it is in the best interests of the school and the children that parents express a positive attitude toward the goals, aims, and standards of the school. Should a problem or misunderstanding arise, I will immediately seek to resolve it privately with the administration.
- I agree to uphold and support the high academic standard of the school by providing a proper atmosphere for my child to study and to give my child encouragement in the completion of any homework or assignments.
- I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonour to the Lord or the Word of God, or disrespect toward the personnel of the school.
- I have read the *Oceanview Christian Academy* Student/Parent Handbook and agree with the school's outlook and aims. I fully approve of the STANDARD OF CONDUCT for students and the DRESS CODE and agree to support all regulations of the school made in the applicant’s behalf and authorize this school to employ such discipline as is deemed wise and expedient for the training of my child.
- I commit myself to promptly pay my financial obligations to the school, understanding that REGISTRATION FEE and monthly TUITION are payable in advance.
- I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations are not met.
- I understand that the staff of Oceanview Christian Academy will treat my child with love and respect and are committed to providing the best possible academic instruction.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date

FINANCIAL INFORMATION 2017-2018

A **Registration Fee per student** is due upon submission of application. **Tuition Fees:** as listed below

| | | | | |
|---|--------------------|--------|----------------------|----|
| Registration Fee: (Per student. Non-refundable after acceptance.) | Before April 30th: | \$ 100 | x (# students _____) | \$ |
| | Before July 31st: | \$125 | | |
| | After July 31st: | \$150 | | |

| Tuition | First Child | Second Child | Third Child | Fourth Child or more |
|-------------------|-------------|--------------|-------------|----------------------|
| Primary – Grade 6 | \$4,000 | \$3,000 | \$1,500 | \$1,000 |

| Payment Options | My Fee Commitment | | |
|---|-------------------------------|----|----|
| I understand my financial obligations and will, upon notification of acceptance (please check one of the following): <input type="checkbox"/> Make a lump sum payment for the <u>total amount</u> <input type="checkbox"/> Make 2 equal payments in August and January <input type="checkbox"/> Submit 10 equal monthly post-dated cheques starting August 2017 thru May 2018 dated the 15 th or 30 th of the month <input type="checkbox"/> Submit 20 equal post-dated bi-monthly tuition cheques dated the 15 th & 30 th of each month (½ payment on the 15 th and ½ on the 30 th), August 2017-May 2018 | Fee | \$ | |
| | 1 st Child tuition | | |
| | 2 nd Child tuition | | |
| | 3 rd Child tuition | | |
| | 4 th Child tuition | | |
| | 5 th Child tuition | | |
| | | | |
| | | | |
| | | | |
| | TOTAL | | \$ |

If a student enrolls after a school year begins or withdraws before the year ends, tuition will be pro-rated according to the quarter in which the student is enrolled. All other fees must be paid in full.

| | |
|------------------------------|------------------------------|
| Signature of Father/Guardian | Signature of Mother/Guardian |
| | |
| Date | Date |
| | |

MEDICAL INFORMATION

One copy of this page to be completed for each student being enrolled

Child's full name

Local Physician's Name (If applicable)

Phone #

Health Card #

Expiry Date

Does applicant have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by his/her teachers?

Please specify if your child has any allergies.

Specify if your child requires regular medication to be administered at school

NOTE: If medication is required on a regular basis, or at a specified time, medication must be brought to the school office, labeled with child's name and dosage requirements, and a medical permission form must be completed.

Permission to receive medication

By signing this form I understand that Oceanview Christian Academy is not responsible for any injury or harm that may occur as a result of this medication. Oceanview Christian Academy reserves the right to revoke this privilege if it is being abused (constant use of pain medication, etc.).

In order to receive pain medication, students must check with their Home Room teacher before coming to the school office for such medication.

My child will be permitted to be given the following pain medication(s) during school hours if necessary, understanding that this does not mean they are allowed to abuse this privilege. (Please check all allowable ones)

- Tylenol (Acetaminophen) Advil (Ibuprophen)
 My child is not permitted to receive any pain medications

Parent Signature

IMMUNIZATION RECORD is required for all elementary students enrolling in our school.

Yes No Copy of immunization attached

Emergency Medical Treatment

I hereby authorize Oceanview Christian Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical aid and surgical care in the case that I, or the designated guardian, am not immediately available. Any qualified physician, called by OCA, may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort must be made to notify me before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

Parent Signature

Date

PERMISSION SLIPS

One copy of this page to be completed for each student being enrolled

Student's FULL Name

Grade

School Sponsored Events off School Property

Yes No I give permission for my child to take part in all school activities, including school sponsored trips away from the school's premises. I absolve Oceanview Christian Academy and Centreville Baptist Church from liability to me or my child because of any injury to my child at school or during any school activity.

Parent Signature

Publishing Photos

Yes No I give permission for my child's photo to be published in print media.

Yes No I give permission for my child's photo to be published on the school website and/or Facebook page.

Yes No I give permission for my child to be published in video media

Parent Signature

STUDENT RECORD RELEASE

One copy of this page to be completed for each school from which records are required

| | |
|-------------------------|---|
| Releasing School | Receiving School |
| Name: | Oceanview Christian Academy 800 Hwy 330 |
| Address: | PO Box 116 McGray Post Office Centreville, NS B0W 2G0 |
| Fax # | |

| | |
|-------|--|
| Date: | |
|-------|--|

My child(ren) has/have withdrawn from your school. Please release their academic and health records to the above-named receiving school.

| Student's Name: (first - last) | Age | Grade Level at time of Withdrawal |
|--------------------------------|-----|-----------------------------------|
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|----------------------------|--|
| Signature of Parent | Signature of Receiving Administration |
| | |

**OCEANVIEW CHRISTIAN ACADEMY
REFERENCE FORM FOR ADMISSION**



Instructions for applicant

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Oceanview Christian Academy.

Confidentiality Statement:

Understanding the need for a frank evaluation of Oceanview Christian Academy’s ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

Student name(s)

Parents’/ Guardians’ names (Please print)

Father

Mother

Father’s Signature

Mother’s Signature

Instructions for person providing reference

The family named above has applied for application for their school-aged student(s) to Oceanview Christian Academy. Your frank evaluation will aid OCA in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return to:

Oceanview Christian Academy
800 Hwy 330
PO Box 116 McGray Post Office
Centreville NS
B0W 2G0

Name of person completing Reference

Phone # and or email

Reference

How long have you known the family?

What is your acquaintance with the family? With the student(s) applying?

In your opinion, what benefits would there be for this family to be part of Oceanview Christian Academy?

| |
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To your knowledge, are there any concerns about this family/student in relation to being part of OCA?

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Any additional comments that may be helpful may be added below or on a separate sheet of paper

| |
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Signature of person completing reference

Date

| | |
|--|--|
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**OCEANVIEW CHRISTIAN ACADEMY
PASTOR'S REFERENCE FORM FOR ADMISSION**



Instructions for applicant

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Oceanview Christian Academy.

Confidentiality Statement:

Understanding the need for a frank evaluation of Oceanview Christian Academy's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

Student name(s)

Parents' / Guardians' names (Please print)

| | |
|-------|---------------------------|
| _____ | _____ |
| _____ | <i>Father</i> |
| _____ | _____ |
| _____ | <i>Mother</i> |
| _____ | _____ |
| _____ | <i>Father's Signature</i> |
| _____ | _____ |
| | <i>Mother's Signature</i> |

Instructions for person providing reference

The family named above has applied for application for their school-aged student(s) to Oceanview Christian Academy. Your frank evaluation will aid OCA in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return to:
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Centreville NS
B0W 2G0

Name of person completing Reference

Phone # and or email

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

Reference

How long have you known the family?

What is your acquaintance with the family? With the student(s) applying?

In your opinion, what benefits would there be for this family to be part of Oceanview Christian Academy?

| |
|--|
| |
|--|

To your knowledge, are there any concerns about this family/student in relation to being part of OCA?

| |
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| |
|--|

Any additional comments that may be helpful may be added below or on a separate sheet of paper

| |
|--|
| |
|--|

Signature of person completing reference

Date

| | |
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| | |
|--|--|