



## POWELL RIVER CHRISTIAN SCHOOL

### Student Registration

Thank you for considering Powell River Christian School for your family.

Powell River Christian School has been delivering a faith-based education to the families of Powell River since 1994. Today, PRCS is home to over a 140 students, attending from Junior Kindergarten to Grade 9.

PRCS offers the required B.C. Curriculum from the Ministry of Education integrated with the truth of God's Word woven through every subject, acknowledging His presence in all areas of our life and work. Our mission is a desire for our children to excel academically, be children of integrity, and impact their world for Christ. We believe that this can be accomplished only as Christ is made central in their lives. We endeavour to be a school where prayer and the Word of God is central and where Jesus reigns in the hearts and minds of our children.

We believe strongly in the Christian community and in the partnership of home, school and church in the education of children. You as parents/guardians are an integral part of Powell River Christian School and are given numerous opportunities to become involved as we feel it is vital to the wellbeing of our students and our school.

Again, we thank you for your interest in PRCS. We encourage you to read the enclosed information and also visit our website for additional insight into our school. Feel free to contact us at any time with any questions you may have.

We look forward to hearing from you very soon!

Sincerely,

Steve Boettger

Principal

Powell River Christian School

6960 Quesnel St, Powell River, BC, V8A 1J2

(604) 485-0006

[principal@powellriverchristian.com](mailto:principal@powellriverchristian.com)



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#### APPLICATION PROCEDURE

Application at Powell River Christian School should follow these steps. This usually takes 2 to 3 weeks.

- **Parental Visit**

Parents are encouraged to attend our Open House and/or schedule a visit to our school to become familiar with the school and its programs.

- **Application**

An application for the admission package for Powell River Christian School can be obtained from the school office or on the website at [www.prcsbc.ca](http://www.prcsbc.ca). Once the admission package has been completed **which must contain a copy of each child's birth certificate and a copy of parents/guardians driver license**, please return to PRCS for review.

- **Family Interview**

After review of the completed application, the Administrative Assistant will contact the applicant's parents/guardian to schedule a family interview. The applicant must be present for the family interview. Following the interview parents must review, sign, and return the Parent School Partnership forms.

- **Board Approval**

The board member(s) present at the interview will discuss applications with the board. They will determine if they accept or decline the application. At the time of acceptance, a plan to make payments via e-transfer, post-dated cheques or a lump sum covering tuition fees for the school year must be communicated to the office. School supplies, a seat on the bus, and uniforms must be purchased by the applicant separately (these costs are not part of tuition).

Alternative tuition fee payments must be arranged with the Financial Advisor.



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**2026-2027**

**STUDENT INFORMATION**

**Legal Name:** \_\_\_\_\_  
First Middle Last

**Preferred first name:** \_\_\_\_\_ **Preferred last name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **SIN#** \_\_\_\_\_  
mm/dd/yyyy

**Gender:** ☐ M ☐ F **Student is:** ☐ Canadian Citizen ☐ Perm. Resident ☐ On Student Visa

**(Photocopies of birth certificate and/or residency documents as well as Parent/Guardian Drivers license are required.)**

**Expiry date of residency document:** \_\_\_\_\_  
YYYY/MM/DD

**Language:** First language spoken at home, if not English: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(House and Street or Box Number) (City/Town) (Province) (Postal Code)

**Last school attended:** \_\_\_\_\_ **Location** (City/Town/Province): \_\_\_\_\_

**School jurisdiction:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ (last completed) or \_\_\_\_\_ (entering)

**We hope to have our child start at PRCS in: Sept 2026 or** \_\_\_\_\_

**SIBLING INFORMATION**

If the student has siblings, please list name, birth date (YYYY/MM/DD) and school if applicable:

\_\_\_\_\_  
Name Birth date School/Grade

\_\_\_\_\_  
Name Birth date School/Grade

\_\_\_\_\_  
Name Birth date School/Grade

\_\_\_\_\_  
Name Birth date School/Grade



**POWELL RIVER CHRISTIAN SCHOOL**  
**Student Registration**

**PRIORITY CONTACT INFORMATION**

**Contact 1 (parent/guardian)**

First & last names: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Contact 2 (parent/guardian)**

First & last names: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Student is living with (check all that apply) ☐ Contact 1 ☐ Contact 2 ☐ Other

**EMERGENCY CONTACT INFORMATION**

1) First & last names: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

2) First & last names: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_



**POWELL RIVER CHRISTIAN SCHOOL**  
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**REFERENCES**

Pastoral Reference(s) \_\_\_\_\_ Contact # \_\_\_\_\_

Personal Reference(s) \_\_\_\_\_ Contact # \_\_\_\_\_

**MEDICAL INFORMATION**

**Medical Concerns** (allergies, medical conditions, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require medication? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

If your child has a severe allergy or medical condition or the school staff will be required to administer medication, please ensure to fill out the **Medical Alert Form** from the school office.

**Personal Health Number:** \_\_\_\_\_ **Immunization up to date?** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_



**POWELL RIVER CHRISTIAN SCHOOL**  
**Student Registration**

**FIRST NATIONS/METIS/INUIT INFORMATION**

**Indian Affairs Information**

Band: \_\_\_\_\_ Treaty: \_\_\_\_\_ Status card #: \_\_\_\_\_

If you wish to declare that you are an Aboriginal person, please specify:

Status Indian/First Nations ☐ Non-Status Indian/First Nations ☐ Metis ☐ Inuit ☐

Living on Reserve: Yes ☐ No ☐

The Ministry of Education is collecting this personal information pursuant to Section 33(3) of the Freedom of Information and Protection of Privacy Act, as the information relates directly to and is necessary to meet its mandate to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.



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**PERMISSION TO POST STUDENT MEDICAL ALERT FORM**

The Freedom of Information and Protection of Privacy Act (FOIP) sets controls and standards on how school boards collect, use, disclose and dispose of the personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (student's name, picture and medical information) as listed on the Medical Alert Form in the staff room. We understand that the student's medical information is provided to us in confidence and it will be protected and used in compliance with the FOIP Act.

I, \_\_\_\_\_ (parent/guardian) hereby grant consent to Powell River Christian School to post my child's information as listed and described on the Medical Alert Form.

\_\_\_\_\_  
Full Name of Student

\_\_\_\_\_  
Name of Parent/Guardian Printed

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date of Consent

Questions or concerns regarding this information may be directed to the Powell River Christian School Principal.  
6960 Quesnel Street, Powell River, V8A 1J2 (604) 485-0006



**POWELL RIVER CHRISTIAN SCHOOL**  
**Student Registration**

**PERSONAL INFORMATION CONSENT FORM**

**Part 1:**

I consent to having Powell River Christian School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration. I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of PRCS (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with PRCS; (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in PRCS' Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to its agents, contractors and service providers for PRCS.

This information is required in order to register your child at PRCS and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in our school. It will also allow the school to respond immediately to an emergency. For more information, the Privacy Officer at PRCS is the principal and may be reached at (604 485-0006)

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

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

Print parent Name: \_\_\_\_\_

**Part 2:**

The school may prepare a family phone list, carpool list, class list, etc. for a family phone directory. Please indicate your response to having your phone number and address included by circling and signing below:

YES or NO

Parent Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_





## POWELL RIVER CHRISTIAN SCHOOL Student Registration

### PERSONAL INFORMATION CONSENT FORM

Part 3:

During the school year, PRCS may use any photos or videos acquired for communications such as newsletters, reports, and brochures. Photos and videos may also be shared on the school website for educational purposes and/or celebrating student success.

**\*As a privacy standard we do not include full names of the students with their image in our media, website, or posts.**

If you DO NOT want your child's image and name being published, please select NO below and the school will take all reasonable steps to comply with your request. In addition to alerting the school, please also inform your child's teacher and talk with your child about your wishes.

Please note that school staff cannot control news access in public locations (e.g. field trips or off school grounds) or at school events open to the public (e.g. sports events, student performances, school board meetings).

For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights. If you have questions about this consent or about the collection of student personal information, please contact your child's school.

Parent/Guardian Consent

☐ YES. I GIVE MY CONSENT for the use and disclosure of my child's image and/or name on work samples for the above purposes by school for this school year. I understand the images and information posted on the Internet may be stored outside Canada. \*You may withdraw your consent at any time in writing, but a withdrawal of consent does not obligate the school or district to withdraw previously published material.

☐ NO. I DO NOT want my child's image and/or name being published by the school. I will inform my child's teacher of my wishes and request that the school and its staff take all reasonable steps to avoid having my child's image or name collected or published when they are present in school. I may choose to override this notice by giving consent in specific circumstances. ***By selecting this option, your child(ren) will not be able to participate in school performances such as choir festivals, play productions, etc, as these performances are frequently recorded by the school or other parents for sharing with those who cannot attend.***

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

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

Print parent Name: \_\_\_\_\_



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**LEGAL RESIDENCY OF PARENTS - FORM A**

FORM A (If parents are deceased, please contact office for alternate application form)

To be completed and signed by a parent or legal (court appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

**I am** (please check one with an **X**):

- ☐ A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper / card)
- ☐ A landed immigrant (attach photocopy of landed immigrant status paper)
- ☐ Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
- ☐ Admission as a refugee claimant
  - ☐ A person claiming refugee status who has a letter of no objection
  - ☐ Student authorization (student visa) for one year or longer
  - ☐ Employment authorization (working permit) for one year or longer
  - ☐ A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
  - ☐ Other - Document description: \_\_\_\_\_

*Must be cleared with Immigration Canada*

**I am a Resident of British Columbia** (please check one with an **X**):

☐ Yes      Residency Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Province*

\_\_\_\_\_  
*Postal Code*

☐ No      I am not a Resident of British Columbia

**Confirming Signature**

Parent's / Legal Guardian's Name: \_\_\_\_\_

Parent's / Legal Guardian's Name: \_\_\_\_\_

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



## POWELL RIVER CHRISTIAN SCHOOL

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#### ACADEMIC HISTORY

Schools attended: (start with most recent)

School	Location	Year	Teacher
_____	_____	_____	_____
School	Location	Year	Teacher
_____	_____	_____	_____

Please include with this application a copy of the two most recent report cards issued by the school presently being attended.

#### STUDENT INFORMATION

Describe your child's strengths and interests:

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Has your child experienced any social or emotional issues at school?

☐ Yes ☐ No

If yes, please explain:

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Has your child experienced behavioural problems at school?

☐ Yes ☐ No

If yes, please explain:

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Has your child been involved in formal disciplinary action at school?

☐ Yes ☐ No

If yes, please explain:

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**Student Registration**

**ENGLISH LANGUAGE LEARNING**

Is English your child's first language?

☐ Yes ☐ No

If not, what is the first language? \_\_\_\_\_

Is your child's current/prior schooling in any language other than English?

☐ Yes ☐ No

If yes, what language? \_\_\_\_\_

May your child possibly require English Language Learning instruction?

☐ Yes ☐ No

**LEARNING ASSISTANCE**

Has your child repeated any grades?

☐ Yes ☐ No

If yes, which grade: \_\_\_\_\_ Year: \_\_\_\_\_

Has your child had, or is your child currently being tutored outside of school?

☐ Yes ☐ No

If yes, please indicate when and subjects: \_\_\_\_\_

Has your child received, or is your child receiving, Learning Assistance at school?

☐ Yes ☐ No

If yes, please describe the accommodation that they are receiving.

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Has your child had an "adapted" or "modified" notation on any report cards?

☐ Yes ☐ No

Has your child received, or is your child receiving any special services such as speech language therapy, physical therapy, occupational therapy, behaviour intervention, counseling, etc.?

☐ Yes ☐ No

If yes, please explain:

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Has your child undergone an assessment of any kind (e.g. psycho-educational, speech language, sight, hearing, physical therapy, occupational therapy, medical assessment, etc)?

☐ Yes ☐ No

If yes, please describe the type of assessment and attach a copy of assessment results:

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Has your child been diagnosed with ADD, ADHD, ODD, FAS, ASD, Asperger's Syndrome, Sensory Disintegration, Aggression, or Anxiety/Behaviour issues? ☐ Yes ☐ No

If yes, please provide your child's diagnosis and attach a copy of any documentation:

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Has your child been, or is your child currently designated as a child with Special Needs in a BC? ☐ Yes ☐ No

If yes, please provide category/designation:

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**OTHER**

Has there been Social Services involvement regarding your child?

☐ Yes ☐ No

Are there any court orders regarding custody of your child?

☐ Yes ☐ No

If yes, please explain (*provide a copy of relevant documentation*)



## POWELL RIVER CHRISTIAN SCHOOL Student Registration

### PARENT AGREEMENT

I have read the Constitution & Bylaws and the Parent/Student Handbook and fully understand the commitment I am making.

I have discussed all items in the Handbook relating to students with my child(ren). I am supportive of the school's philosophy, aims and objectives and agree to have my child(ren) taught in accordance with them. I understand the standards of dress code, conduct and policies set forth by Powell River Christian School in the Parent/Student Handbook, and agree to support and uphold these standards and policies.

I authorize Powell River Christian School to employ such discipline as it deems wise and appropriate for my child and agree to cooperate when the school administration feels it is necessary to have a conference with the parents/guardians.

I agree to pay an annual tuition fee with one payment or by ten post-dated cheques deposited with the school on or before the first day of September. If circumstances prohibit my payments from being on time, I will make an appointment with the Treasure to work out an acceptable means of payment.

I realize that all students are expected to work at or close to their ability level and that all students are expected to follow the student rules of conduct. I understand that Powell River Christian School reserves the right to suspend or expel any student who fails to comply with the established regulations and discipline procedure.

I agree to uphold and support the high academic standards of Powell River Christian School by providing a place at home for my child(ren) to study and I pledge to give my encouragement to the end that homework and assignments will be completed.

I agree to attend the Parent/Teacher Conferences and will support my child(ren) by attending school functions and meetings where possible.

I have completed the Student Application Form. I now wish to proceed and arrange an interview with the Principal, Education committee member and/or Board representatives.

I will bring a copy of my child(ren)'s report card(s) to the interview.

I realize that registration in some or all grade levels may be limited due to student numbers and limited space, and am willing to place our child(ren)'s name(s) on a waiting list if it is necessary.

Signature of Father/Guardian \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_



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**Student Registration**

**CERTIFICATION**

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief. I also certify that I have received and read the brochure explaining the implications of the Freedom of Information and Protection of Privacy (FOIPP) Act, and I am aware of the uses that will be made of personal information collected herein:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date