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## New Student Application Form

### Student Information

Legal Last Name:	Legal Given Names:
Preferred Last Name:	Preferred Given Names:
Home Phone #:	Gender:
City/Province:	Date of Birth:
Postal Code:	Language spoken at home:
Physical Address:	Age:
Box Number:	Entering Grade:
Treaty # (if applicable)	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other
If citizenship is other: indicate your status in the country →	Status in Canada: (if applicable)

### School History (If applicable)

Has the student received: (check all that apply)	<input type="checkbox"/> Resource Assistance	<input type="checkbox"/> Behaviour Support	<input type="checkbox"/> IEP (Individual Education Plan)
	<input type="checkbox"/> Counselling	<input type="checkbox"/> Level 2/3 Funding	<input type="checkbox"/> Professional Diagnosis (Please attach)
Has the student ever: (check all that apply)	<input type="checkbox"/> Repeated a grade	<input type="checkbox"/> Been refused admission to another school	
	<input type="checkbox"/> Been suspended	<input type="checkbox"/> Been expelled from another school	
Name of last school attended:	Phone # of last school:		
Address of last school attended:	Last grade completed:		

### Student Health Information (All health information is confidential and will be used for school purposes only)

Physician Name:	Personal Health ID#:
Physician Phone #:	Family Medical #:
Medical Conditions: (Name any conditions from their history, past surgeries, previous injuries, asthma etc.)	
Allergies:	
Medications currently on:	
Please check one option:	<input type="checkbox"/> Student may be given Tylenol (ex: headache/stomach ache) <input type="checkbox"/> Student may not be given Tylenol
Please check one option:	<input type="checkbox"/> My child is in good health and may participate in all school physical activities. If this changes due to an illness or injury, I will contact the school. <input type="checkbox"/> Medical professionals have indicated that my child should <b>not</b> participate in specific physical activities (Please attach details).



## Parent/Guardian Information

Father/Male Guardian Information		Mother/Female Guardian Information	
Legal Name (Last/First):		Legal Name (Last/First):	
Address: (if different from child)		Address: (if different from child)	
Home #:		Home #:	
Cell #:		Cell #:	
Email Address:		Email Address:	
Employer:		Employer:	
Work #:		Work #:	
Child is:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> Other	Child is:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> Other

## Home Information

Student lives with:	<input type="checkbox"/> Both parents (same home) <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Other
Parents are:	<input type="checkbox"/> Married/common-law <input type="checkbox"/> Father deceased	<input type="checkbox"/> Separated/divorced <input type="checkbox"/> Mother deceased	<input type="checkbox"/> Other
Custody: (if applicable)	<input type="checkbox"/> Father (sole custody) <input type="checkbox"/> Joint	<input type="checkbox"/> Mother (sole custody) <input type="checkbox"/> Other (please explain arrangement)	
Legal restrictions regarding access: (if applicable)	<input type="checkbox"/> Yes there are restrictions <input type="checkbox"/> No, there are no restrictions (If yes, then a copy of legal documents must be provided)		
<ul style="list-style-type: none"><li>Non-custodial parents are entitled to access students, records and school personnel unless legal documents state otherwise.</li></ul>			
Name and Age of siblings:			

## Emergency Contact Information

1 <sup>st</sup> Emergency Contact (Not parent/guardian)	2 <sup>nd</sup> Emergency Contact (Not parent/guardian)
Name:	Name:
Relationship to Student:	Relationship to Student:
Physical Address:	Physical Address:
Home #:	Home #:
Cell #:	Cell #:
Work #:	Work #:

## Emergency Billeting Information

<ul style="list-style-type: none"><li>Permission is given for my child(ren) to go to an emergency billet in the event where my child(ren) cannot get home (weather, evacuation, emergency etc.) and require a safe place, and I/we cannot be reached by the school.</li><li>Please make sure the billet listed below is aware of this arrangement. A Swan River resident is preferable.</li></ul>	
Name:	Home phone #
Physical Address:	Work phone #
City/Town:	Cell #



## Family Faith Statement Please note: the responses below **will not** affect the eligibility of your application or acceptance to CBFCs.

Church attendance:	<input type="checkbox"/> Regularly/weekly <input type="checkbox"/> Holidays			<input type="checkbox"/> Monthly <input type="checkbox"/> We do not attend church		
Church Name: (if applicable)				Pastor: (if applicable)		
Please check off if you are familiar with or participate in any of the following: (This info helps us be sensitive to your family situation and allows us to program accordingly for your child. Parents may assist younger children).	<b>Mother/Female Guardian</b>		<b>Father/Male Guardian</b>		<b>Child</b>	
	<input type="checkbox"/> Prayer <input type="checkbox"/> Grace at meals <input type="checkbox"/> Worship/praising God <input type="checkbox"/> Reading the Bible/ Bible Stories <input type="checkbox"/> Sunday school <input type="checkbox"/> Chapel/ sermon <input type="checkbox"/> Devotional time <input type="checkbox"/> None of the above		<input type="checkbox"/> Prayer <input type="checkbox"/> Grace at meals <input type="checkbox"/> Worship/praising God <input type="checkbox"/> Reading the Bible/ Bible Stories <input type="checkbox"/> Sunday school <input type="checkbox"/> Chapel/ sermon <input type="checkbox"/> Devotional time <input type="checkbox"/> None of the above		<input type="checkbox"/> Prayer <input type="checkbox"/> Grace at meals <input type="checkbox"/> Worship/praising God <input type="checkbox"/> Reading the Bible/ Bible Stories <input type="checkbox"/> Sunday school <input type="checkbox"/> Chapel/ sermon <input type="checkbox"/> Devotional time <input type="checkbox"/> None of the above	
Please check off one of the options for each individual listed. (This info helps us be sensitive to your family situation and allows us to program accordingly for your child. Parents may assist younger children).	<b>Mother/Female Guardian</b>		<b>Father/Male Guardian</b>		<b>Child</b>	
	<input type="checkbox"/> I have received Jesus Christ as my personal Lord and Saviour. <input type="checkbox"/> I have not received Jesus Christ as my personal Lord and Saviour, but I am interested in learning more. <input type="checkbox"/> I have not received Jesus Christ as my personal Saviour.		<input type="checkbox"/> I have received Jesus Christ as my personal Lord and Saviour. <input type="checkbox"/> I have not received Jesus Christ as my personal Lord and Saviour, but I am interested in learning more. <input type="checkbox"/> I have not received Jesus Christ as my personal Saviour.		<input type="checkbox"/> I have received Jesus Christ as my personal Lord and Saviour. <input type="checkbox"/> I have not received Jesus Christ as my personal Lord and Saviour, but I am interested in learning more. <input type="checkbox"/> I have not received Jesus Christ as my personal Saviour.	

## Enrollment Process

1. Fill out the application package and return it to the school.
2. Once the application package is received, an interview/orientation meeting will be set up to give parents and the school a chance to discuss expectations and your child or children's education.
3. The school board/staff discuss applications and call parents back with a decision regarding the status of your child's enrollment (usually within 1-2 days). Details of the interview and sample interview questions can be found in your application folder.

## Attachments

Copy of Birth Certificate or Passport	<input type="checkbox"/> I have included it with this application <input type="checkbox"/> I have not included it (state why)
Copy of Last Report Card (and any applicable resource documents)	<input type="checkbox"/> I have included it with this application <input type="checkbox"/> Not applicable
Copy of Custody/Legal Documents	<input type="checkbox"/> I have included it with this application <input type="checkbox"/> Not applicable
Copy of Medical Diagnosis or any Medical/Health Restrictions	<input type="checkbox"/> I have included it with this application <input type="checkbox"/> Not applicable
Copy of document supporting status in Canada (only if you're a non-citizen)	<input type="checkbox"/> I have included it with this application <input type="checkbox"/> Not applicable



## Parent Commitment to Community Bible Fellowship Christian School (CBFCS)

All schools are based on the same principle; to teach their students. All schools have a certain philosophy and value system. Community Bible Fellowship Christian School (CBFCS) exists to: "Challenge students through a Christ-centred education to pursue a life of Godly character and academic excellence." Up to 7 hours a day, five days a week for thirteen years of your child's life are filled with knowledge and values being placed in your child by the school. CBFCS takes this responsibility seriously. A school is only as strong as the support it receives from the parents. This commitment was developed to assist you, the parents, in realizing that the responsibility for the education of your child(ren) rests on you. CBFCS is here to help facilitate the morals, values, knowledge and spiritual growth of each student with the help and support of the parents. As in Ecclesiastes 4:12, "*Though one may be overpowered, two can defend themselves. A cord of three strands is not quickly broken.*" We believe the church makes up that third strand of strength. Students receive a conflicting message if school and home are not unified in thought. "*Fix these words of mine in your hearts and mind.... Teach them to your children, talking about them when you sit at home and when you walk along the road, when you lie down and when you get up.*" Deuteronomy 11:18-19.

1. I will support the standards of the school and uphold them outside as well as in the school. I will familiarize myself with and follow the guidelines from the parent/student handbook.
2. I authorize the school to apply discipline as it deems wise and appropriate for the training of my child(ren). I understand the discipline policy of the school and will support the efforts of the teachers.
3. I will immediately seek to resolve misunderstandings or concerns privately with the person(s) involved in accordance with the Biblical principles outlined in Matthew 18. (Discuss with teacher first, then principal, then school board chairperson).
4. I accept that the school reserves the right to dismiss any child who fails to comply with established regulations and discipline or who fails to make adequate progress.
5. I understand that I have a financial obligation to pay the required tuition and fees for my child(ren) in a timely manner and that failure to do so may have a bearing on my child(ren) being re-enrolled for the next term.
6. I understand that tuition does not fully cover the costs of educating my child(ren) and I plan to support the ongoing ministry of the school through various fund-raisers and donations.
7. I will make it a priority to be involved as a parent and actively support CBFCS by attending: parent-teacher conferences, annual general meeting, Christmas concert, closing program, CBFCS Sunday and other events.
8. It is my desire to have my child(ren) educated in a Christ-centred environment and I entrust CBFCS with providing this for them. I have read the CBFCS Statement of Faith. I understand these are the beliefs my child(ren) will be taught and I agree not to undermine these teachings.
9. I will support the spiritual growth of my child(ren). I will encourage/assist them with their Bible content and memory work they are learning in school.
10. I give permission for CBFCS to contact my child's previous school for academic and character references.
11. I understand that failure to disclose pertinent information (ex: resource needs, medical issues, behavior issues etc.) may impact the well-being of the student and the student community and may result in a change in the enrollment status of my child.
12. I authorize CBFCS to provide first aid, to transport my child to the hospital or call an ambulance in the event of an accident.
13. I have read and accept this parental agreement and acknowledge that all information given in this application is true. (This can be signed in person during the family interview).

Mother/Female Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Male Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CBFCS Gr.5-8 Student Code of Conduct

(This code of conduct is for Gr.5-8 students to read and sign. Parents should understand that these are the standards that CBFCS will be expecting of their child).

I agree that the standards of conduct in lifestyle and morality of Gr. 5 to 8 students must comply with the CBF Statement of Faith. I realize that CBFCS does not expect me to be perfect. It is the school's desire for me to grow spiritually to become ever more Christ-like and I agree that this is what I will strive toward. Therefore, with God's help I will:

- Recognize that the goal of CBFCS is to develop Godly character in the students who attend. It is my desire to develop Godly character of my own life, looking to Christ as my example. (Matthew 16:24, 2 Peter 1:5-9, Hebrews 12:2)
- Honor and respect the Word of God, studying it diligently to grow in my faith and relationship with God. It is my desire to understand what the Bible means and how it applies to my own life. (2 Timothy 3:16, Psalms 119:9-11)
- Apply myself to my studies, and will seek to develop the full abilities of my mind. (2 Timothy 2:15, Philippians 3:14)
- Honor my father and mother (guardian). It is my desire to honor my parents and give them the respect that they are entitled to. (Ephesians 6:1, Proverbs 23:22, Colossians 3:20)
- Address the faculty and support staff with respect and with a pleasant tone of voice. I will follow their directions to the best of my ability. (Hebrews 13:17, 1 Peter 5:5)
- Build up my school mates in their walk with the Lord. (Hebrews 3:13, Hebrews 10:24)
- Abstain from tobacco, alcohol and all illegal substances. (1 Corinthians 6:19 2 Corinthians 6:14-17)
- Read and keep the CBFCS Dress Code. (1 Corinthians 10:31-33, 1 Peter 3:3)
- Abide by the standards set in God's Word in the area of sexual relationships. (1 Thessalonians 4:3-8, 1 Corinthians 10:8)
- Cooperate with CBFCS administration and abstain from lying or deceptive behavior. (Hebrews 13:17, Ephesians 4:28-31)
- Avoid even the appearance of evil or wrongdoing. (1 Thessalonians 5:22, 1 Peter 2:11)
- Respect my school mates and refrain from harassment of any kind. (Galatians 5:22)
- Abstain from pornographic material. (1 Corinthians 6:18)
- Abstain from gambling activities. (Proverbs 13:11, Proverbs 28:20, Exodus 20:17, Romans 7:7)
- Abstain from racist conduct and/or expressing racist viewpoints. (2 Corinthians 5:16-17, 1 John 4:7-9, James 3:9-10)
- Guard my tongue and abstain from profane or blasphemous language. (James 3:9-10)

I acknowledge that the previous list is not exhaustive.

I understand that my enrollment at CBFCS is a privilege not a right.

I will do my best to support and uphold this school and its mission statement.

I sign my name to this agreement below understanding that I am making a commitment to uphold this code conduct and that this will become part of my permanent student file.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(This can be signed in person during the family interview).



## Permission Information

Please check one option in each category. Details explaining each category are found in your application folder. In the future, if your position changes on any of the below categories please discuss changes with the school.

<b>Transportation</b> (This is for field trips, sports events, library trips etc. Anyone driving must provide their driver's license and registration).	<input type="checkbox"/> I give permission for my children to be transported by the CBFCS bus, by staff or by other parents of CBFCS students. I am aware that any transportation issues that occur in private vehicles is insured only by the vehicle owner. <input type="checkbox"/> I don't give permission.
<b>Climbing Wall</b>	<input type="checkbox"/> I give permission for my child to participate in school activities that use the traverse climbing wall. <input type="checkbox"/> I don't give permission.
<b>Personal Information</b>	<input type="checkbox"/> I give permission for CBFCS to share my children's full name, our phone number and email address within the CBFCS school body of parents, and the parent advisory council for the purpose of communication with one another. <input type="checkbox"/> I don't give permission.
<b>Media</b>	<input type="checkbox"/> I give CBFCS permission to share my children's full name, grade and picture for articles to the media, including, but not limited to: CJ104, the Star and Times, and Valleybiz. <input type="checkbox"/> I don't give permission.

## Aboriginal Identity Declaration Information (AID)

- Authorization and Statement of Understanding - Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and schools to plan and improve programs in a way that is responsive to Aboriginal learners. (Providing this personal information is voluntary and optional. It is being collected in compliance with section 36 (1)(b) of *The Freedom of Information and Protection of Privacy Act* as it is necessary for and relates directly to the activities of Manitoba and schools to plan, deliver and improve programs.)
- Annual Declaration -  
 I \_\_\_\_\_, (Print name of parent/guardian)  
☐ Am submitting my child's Aboriginal Identity Declaration for the first time  
☐ Am making changes to my child's Aboriginal Identity Declaration  
☐ Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.  
☐ This does not apply to my child
- Harmonization of Aboriginal Self-Identification - Is your child an Aboriginal person? (First Nation (North American Indian - Status or Non-Status), Metis, or Inuk (Inuit))? ☐ Yes ☐ No  
 If Yes, please indicate below which option best describes your child now:  
☐ First Nation ☐ Metis ☐ Inuk
- Linguistic and Cultural Groups - Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to 2 choices:  
☐ Ininiw ☐ Dene(Sayisi) ☐ Inuktitut ☐ Anishinaabe (Ojibway/Saulteaux)  
☐ Dakota ☐ Oji-Cree ☐ Michif ☐ Other? \_\_\_\_\_ ☐ Does not apply