



**Elementary Campus:**  
8260—13th Avenue,  
Burnaby, BC V3N 2G5  
Email: [admin@johnknoxbc.org](mailto:admin@johnknoxbc.org)  
Website: [www.johnknoxbc.org](http://www.johnknoxbc.org)

**Secondary Campus:**  
260 12th St,  
New Westminster, BC V3M 4H2  
Email: [office@johnknoxbc.org](mailto:office@johnknoxbc.org)

## Welcome

Dear Prospective John Knox Christian School Parents, Guardians, and Students,

It is our pleasure to introduce to you John Knox Christian School. If you are looking for a good community for your family, and excellent education for your child, you have come to the right school. We are an interdenominational, independent Christian school that educates students from over 80 different churches in the Lower Mainland. JKCS is a parent-led school, which means that in order for us to thrive, we depend heavily on the support of our families and community.

Our curriculum is taught from a Christian perspective and meets the requirements set by the BC Ministry of Education. All teachers employed by JKCS are committed Christians, certified by the Ministry of Education, and dedicated to the vision and mission of JKCS.

We invite you to take a tour of our school. Come in and walk through the school while it is in session. We will answer your questions about our school, and introduce you to the students and staff. Please contact the Development Office to book a tour and to pick up an application package.

If you are interested in providing the type of education that nurtures your child according to God's Word and His ways, John Knox Christian deserves your serious consideration.

Sincerely,

*David Ward, Superintendent*

## Checklist

**An application will be considered when the school receives all of the following:**

*This downloaded application can be completed online, printed and brought to the JKCS office.*

- ☐ Completed Application Form
- ☐ FOR STUDENT AND BOTH PARENTS - Copy of Canadian birth certificate OR Birth Certificate from country of origin and Proof of Canadian citizenship, permanent resident status, or student visa  
**ORIGINAL IDENTIFICATION DOCUMENTS REQUIRED FOR VERIFICATION**
- ☐ Sent Pastoral Reference Form to Pastor ([johnknoxbc.org/pastoral-reference](http://johnknoxbc.org/pastoral-reference) )
- ☐ School Reference Form (for gr. 7-12 applications only)
- ☐ Copy of the present grade report card and previous grade report card (Not applicable for Kindergarten applications)
- ☐ \$200 application fee per family (non-refundable) for Canadian residents. \$400 application fee per family (non-refundable) for all applicants not residing in Canada at time of application. We only accept cash or cheque for these fees.
- ☐ Completed Legal Residency Form and supporting documents (including proof of address: see page 7)
- ☐ Completed Health Form and, if applicable, completed ESS Form (a separate form on 'Download Forms') along with all pertinent Educational Support documentation.
- ☐ Immunization Record (Applicants for Kindergarten, and Grades 7-12)
- ☐ Proof of medical insurance for newly immigrated students to Canada or international students
- ☐ IELTS test results (for international students, students who have recently arrived in Canada, or at the school's request. Grades 7-12 only. A grade of at least 6.0 in all categories is required)

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# Admission Procedures

## Admission Process

1. Kindergarten applicants **MUST** turn 5 and Grade 1 applicants must turn 6 by December 31 in the year they start school.
2. As part of the application process, previous schools may be contacted and students may be tested for academic placement. The Administration will determine whether more information is needed. John Knox Christian School will consider accepting a student if the school can provide programs that meet the child's educational needs.
3. Students with Learning Assistance and/or Educational Support Services needs - applications must be submitted for consideration by the end of February.
4. Original documents of Citizenship or Permanent Resident status for both student AND parents must be submitted (to be photocopied) for verification before any meeting with the Principal.
5. Enrollment at John Knox Christian School is a partnership which requires the home and school work together in harmony. The first three (3) months are considered an evaluation/adjustment period. At any time during this probationary period, it may be necessary to review the enrollment.
6. Once acceptance has been confirmed, the school requires: a) a non-refundable \$300 deposit which will be applied towards the first month tuition, and b) one time \$30 Emergency Kit fee.
7. **International Students** - upon acceptance, the school requires: a) tuition payment for the full school year (non-refundable) and b) one time \$30 Emergency kit fee.

## Categories for Student Acceptance in John Knox Christian School

John Knox K - 12 is a Christian school community of families who deeply value our Biblical faith foundations. To nurture these foundations, new families and students are enrolled based on the strength of the following prioritized categories for student acceptance:

1. Students presently enrolled.
2. Siblings of students presently enrolled.
3. Students who, or whose parent(s) regularly attend the First Christian Reformed Church of New Westminster and/or Alumni who wish to send their children to our school.
4. Students who, or whose parents regularly attend a Christian Church and are involved in a Bible-based Christian Church.
5. Parents who earnestly seek a Christ-centered education for their child(ren), but who do not attend a Christian Church, may, (at the discretion of the school principal/vice-principal), be required to attend an Alpha program and commit to supporting the school.
6. The Board of Directors believes that parents who desire to send their children to John Knox Christian School should be familiar with the educational direction towards which the school is committed. The Board believes this for two reasons:

a) Our school seeks a cooperative working relationship with parents in the belief that home and school have to work together in the Christian nurture of our children.

b) The educational program at John Knox Christian School is based on a philosophy that is not found in many other schools. It is important that parents understand our uniqueness and be willing to work with the school towards its stated goals.

For this reason an orientation meeting will be held early in the school year and all new parents are expected to attend. Parents who, after the orientation session, sign a Membership Application indicating they are in full agreement with the Constitution, By-Laws and Objectives of Christian Education of the school's Society; commit themselves to upholding the same; and claim Jesus Christ as Lord and Savior of their lives, may join the school's Society as full members and be fully involved in its governance.



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# Application Form

For Office Use Only

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

Application fee paid ☐

Interview time: \_\_\_\_\_

Not Accepted ☐

Accepted – Start date: \_\_\_\_\_

## Student Information

### Basic Information

**Full legal name:** \_\_\_\_\_ **Other names used:** \_\_\_\_\_  
First name Middle name Last name First name Last name

**Gender:** ☐ Male ☐ Female **Date of Birth:** \_\_\_\_\_  
Day Month Year

**Citizenship status:** ☐ Canadian citizen ☐ Permanent resident ☐ Other: \_\_\_\_\_

**Indigenous Peoples:** ☐ No ☐ Yes If yes: ☐ Status ☐ Non-status ☐ Metis

Please attach a copy of legal documentation, such as, birth certificate, Canadian citizenship card, or student visa.

**Number of years student has been in Canada:** \_\_\_\_\_

### Contact Information

**Home address:** \_\_\_\_\_  
Street number and name City Province Postal code

**Mailing address:** ☐ Same as home address ☐ Other: \_\_\_\_\_  
Street number and name City Province Postal code

**Home telephone number:** \_\_\_\_\_

### Academic Information

**Current grade level:** \_\_\_\_\_ **Grade level applying for:** \_\_\_\_\_

**Intended start date:** September 1, \_\_\_\_\_  
Year

**Name of current school attending:** (K students indicate Preschool) \_\_\_\_\_

**Reason for withdrawing from current school:** (not applicable for K students): \_\_\_\_\_

**Are you applying to other schools as well?** ☐ Yes ☐ No

If yes, which schools? \_\_\_\_\_

**Would John Knox Christian School be your first choice?** ☐ Yes ☐ No

**What is your first language?** \_\_\_\_\_

**Please indicate whether the student has ever:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Repeated a grade                       | <input type="checkbox"/> Taken French courses      | <input type="checkbox"/> Advanced a grade                       | <input type="checkbox"/> Achieved Honour Roll status |
| <input type="checkbox"/> Taken Honours courses                  | <input type="checkbox"/> Held leadership positions | <input type="checkbox"/> Taken special programs (ESL, ELL, ESS) |  |
| <input type="checkbox"/> Received counselling                   | <input type="checkbox"/> Had a discipline record   | <input type="checkbox"/> Had an Individual Education Plan (IEP) |  |
| <input type="checkbox"/> Been in an adapted or modified program |  | <input type="checkbox"/> Had a psychoeducational assessment     |  |
| <input type="checkbox"/> Been suspended                         | <input type="checkbox"/> Been expelled             | <input type="checkbox"/> Other (please explain below)           |  |

If any of the above applies to the student, please indicate grade level and provide details: \_\_\_\_\_

**If Student has a psychoeducational assessment or IEP, we require that the Educational Support Services Form be completed and included with the application form.** Kindly note, no application will be considered without the Educational Support Services Form completed if the student has had a psychoeducational assessment or IEP. **Also, if the student requires Educational Support Services—the form MUST be completed and included with application form.**

**Does the student have any difficulties or strengths of which we should be aware?**

☐ Yes ☐ No If yes, please specify:  
☐ Academically ☐ Socially ☐ Physically ☐ Emotionally ☐ Other:

Please provide details:

Failure to declare information relevant to the student's background may result in non acceptance at John Knox Christian School.

**FOR SECONDARY SCHOOL STUDENTS ONLY:** Why is the student interested in Christian education at John Knox Christian School? What are some hopes and expectations the student has about attending John Knox Christian Secondary School?

## Health Information

**Personal Health Number (CareCard):** \_\_\_\_\_

Please note that if the student does not have medical coverage, then in the event of an emergency, school authorities will not hesitate to use BC medical services to provide first aid for your child at your expense.

**Name of family doctor:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Does the student have any medical problems of which we should be aware?** ☐ Yes ☐ No

**If yes, please specify severity and provide details:** ☐ Moderate ☐ Severe ☐ Life-threatening Details:

**Has the student been under the care of a counsellor/psychologist/psychiatrist?** ☐ Yes ☐ No

If yes, please provide details:

**Does the student require any medication on a regular basis?** ☐ Yes ☐ No

If yes, please provide details:

**Physical Education is a compulsory course in Grades K-10. If a student is unable to participate in a full Physical Education program, a note from the doctor will be required.**

# Parent or Legal Guardian Information

## Custodial Information

The student lives with:

☐ Both parents ☐ Mother ☐ Father ☐ Legal guardian ☐ Homestay ☐ Other:

Has a court order been made concerning the care or custody of the student? ☐ Yes ☐ No

If there is a custody agreement in place, please attach a copy to this Application. The Ministry of Education defines Guardian according to the Family Relations Act and requires documentation through a BC judicial process. If the answer to the previous question is "Yes", then please attach a copy of such documentation.

## Contact Information

Full name of Mother: \_\_\_\_\_

First name

Middle name

Last name

Marital Status: ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOW ☐ SINGLE ☐ REMARRIED

Citizenship Status: ☐ CANADIAN CITIZEN & RESIDENT OF BC ☐ LANDED IMMIGRANT & RESIDENT OF BC  
☐ CANADIAN CITIZEN NOT RESIDING IN BC ☐ WORK VISA ☐ STUDENT VISA ☐ OTHER  
Attach copy of documentation

Mailing address: ☐ Same as mailing address of student

☐ Other: \_\_\_\_\_  
Street number and name City Postal code

Home telephone number: ☐ Same as home telephone number of student ☐ Other: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work telephone number: \_\_\_\_\_

Full name of Father: \_\_\_\_\_

First name

Middle name

Last name

Marital Status: ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOW ☐ SINGLE ☐ REMARRIED

Citizenship Status: ☐ CANADIAN CITIZEN & RESIDENT OF BC ☐ LANDED IMMIGRANT & RESIDENT OF BC  
☐ CANADIAN CITIZEN NOT RESIDING IN BC ☐ WORK VISA ☐ STUDENT VISA ☐ OTHER  
Attach copy of documentation

Mailing address: ☐ Same as mailing address of student

☐ Other: \_\_\_\_\_  
Street number and name City Postal code

Home telephone number: ☐ Same as home telephone number of student ☐ Other: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work telephone number: \_\_\_\_\_

Full name of Legal Guardian

(complete only if student does not reside with parents)

First name

Middle name

Last name

Marital Status: ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOW ☐ SINGLE ☐ REMARRIED

Mailing address: ☐ Same as mailing address of student

☐ Other: \_\_\_\_\_  
Street number and name City Postal code

Home telephone number: ☐ Same as home telephone number of student ☐ Other: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work telephone number: \_\_\_\_\_

## Other Information

Name of the church your family attends: \_\_\_\_\_

How did you hear about John Knox Christian School?

☐ Live in the area   ☐ From a friend/referral   ☐ Advertisement   ☐ Internet   ☐ Previous school  
☐ Other: \_\_\_\_\_

Why are you considering our school?

## Consent

### Protecting Your Personal Information:

John Knox Christian School collects and uses personal information to provide your child with the best educational services. The personal information on these forms is required to register your child at John Knox Christian School and assist the school in making informed decisions for the appropriate placement of your child. It allows the school to respond to an emergency. John Knox Christian School commits to using and storing this information responsibly, and will not release this information to a third party without your verbal or written consent unless permitted under the Personal Information Privacy Act (PIPA) legislation. If you have questions about John Knox Christian School's use, storage or disclosure of personal information, please contact our privacy officer, Mr. David Ward, at 604-522-1410 (Elementary Campus) or 604-523-1580 (Secondary Campus).

- ☐ We consent to having John Knox Christian School collect, use and disclose our personal information as outlined.
- ☐ We consent to having John Knox Christian School share information with another school if our child is leaving John Knox and registering at another school.
- ☐ We consent to having John Knox Christian School get information from the previous school that our child attended.

### Photograph Publishing:

Throughout the school year photographs are taken of various student activities which may be published in the school newsletter, school annuals, or on the school website and other promotional materials.

- ☐ We consent to having our child's picture in any school newsletter, school annuals, school website and other promotional materials.

### Field Trip/Off-Campus Permission (for Secondary students only):

Secondary students may participate in field trips or exploratory day trips during the school year or go off campus during lunch. These provide invaluable learning experiences for students. If activities are considered to be medium to high risk, an additional permission form with detailed information will be provided.

- ☐ We consent to have our child go on low risk field trips, exploratory day trips. (For off-campus lunch privileges and restrictions, please refer to the Student Planner.)

We acknowledge the information in this registration form is correct and accurate to the best of our knowledge. If there is a change in status, we will provide the school with written notice. By signing below I/we confirm my/our understanding of the above and attest to honest disclosure in this application.

Signature of father or guardian

Date

Signature of mother or guardian

Date

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# Legal Residency Form

## Legal Residency of Parent or Legal Guardian

This form is to be completed and signed by a parent or legal guardian. If you are a legal guardian, please attach a copy of the court order appointing you as legal guardian.

**Lawfully Admitted into Canada**

I am:

☐ A Canadian citizen (please attach a copy of **parent's** Canadian birth certificate, Canadian passport, or Canadian citizenship document)

☐ A landed immigrant (please attach a copy of parent's landed immigrant document)

☐ Lawfully admitted into Canada under one of the following documents (please check the appropriate box below and attach a copy of the documentation):

- ☐ Admission as a refugee claimant
- ☐ A person claiming refugee status who has a letter of no objections
- ☐ Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- ☐ Employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- ☐ A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
- ☐ Other (must be cleared with Immigration Canada)

**Residency in British Columbia**

I am a resident of British Columbia:

☐ Yes      Residency Address: (please attach a recent copy of a utility bill, mortgage document, rental agreement or tax assessment)

\_\_\_\_\_  
Street number and name

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal code

☐ No      I am not a resident of British Columbia

Confirming Signature:

Name of student: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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



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# Health Form and Emergency Contacts Form

## Serious Health Conditions

Please complete this form and sign at the bottom. This information will help school staff provide a safe learning environment for your child. It is the responsibility of the parent to inform the school if your child's emergency contact information or health condition changes during the school year. If your child needs assistance or supervision to take medication at school, an authorization form must be completed and signed by your physician. This form is available from the school office.

Name of student: \_\_\_\_\_

Personal Health Number (CareCard): \_\_\_\_\_

Emergency Contacts (not including parents):

Contact Name	Relationship	Home Phone	Cell Phone	Authorized Pickup
1. _____	_____	_____	_____	Yes No
2. _____	_____	_____	_____	Yes No

1. Does your child have any of the following medical conditions which may require emergency care at school?

- ☐ Severe asthma
- ☐ Seizure disorder/Epilepsy
- ☐ Life-threatening allergy (anaphylaxis) to \_\_\_\_\_
- ☐ Diabetes
- ☐ Other: \_\_\_\_\_
- ☐ None of the above — Ignore questions 2 and 3 and sign at the bottom and return the form to the school.

2. Is there anything the school staff needs to know about these conditions?

3. In the event of a medical emergency at school, what action is necessary for the above conditions?

Confirming Signature

Name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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

The information on this form is collected under the authority of the School Act, Sections 13 and 97. The information will be used for the student's educational program and administrative purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 97(2) of the School Act. The information will be protected under the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, please contact your school principal.





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## School Reference Form

### School Reference Form (for Students applying for Grades 7-12)

*Dear Homeroom Teacher/School Counsellor,*

*You are being requested to provide a reference for the family of the student named below who is seeking to enroll in John Knox Christian High School. Please answer the following questions. Thank you for your time and cooperation.*

*Sincerely,*

*David Ward, Superintendent*

**Name of student:** \_\_\_\_\_

**Names of parents or guardians:** \_\_\_\_\_

**How long have you known this family?**

**Are the parents actively involved in the school?**

**Is the student actively involved in activities at the school?**

**Has the student had a Psycho Educational Assessment done? If yes, when?**

**Does the student have an Individual Education Plan (IEP)?**

**How will the student benefit from attending John Knox Christian School?**

**How will the school community benefit from the student's attendance?**

**Is there anything that you could tell us concerning special gifts or challenges that could help us find the best placement for the student?**

**Additional Comments:**

**Name of school:** \_\_\_\_\_

**Address of school:** \_\_\_\_\_

**Telephone number of school:** \_\_\_\_\_

**Name of person completing this letter:** \_\_\_\_\_

**Signature of person completing this letter:** \_\_\_\_\_