



Cornerstone Christian School K-12 Application

43 Iroquois St E
Moose Jaw, SK S6H 4S9
(306)693-2937
www.ccsmj.ca
admissions@ccsmj.ca

Application Checklist for Submission:

Application will not be reviewed without the following documentation submitted

- COPY OF THE STUDENT'S MOST RECENT REPORT CARD (GRADES 1-12), AS WELL AS A COPY OF ANY IIP, PPP, IEP, IPP, SSP PLANS OR EAL REPORT CARDS THAT HAVE BEEN DEVELOPED FOR STUDENT**
- COMPLETED PASTORAL REFERENCE FORM AND/OR MEETING WITH ADMINISTRATION**

Please note that a CCS staff member will be contacting families to confirm that the information provided below matches the information provided on the student's birth certificate. If a birth certificate is not available, a passport or a provincial health card will be sufficient.

Student Info:

Legal Last Name: _____ Legal First and Middle Name: _____
 Preferred Name: _____ Student Gender: _____
 Student Grade (as per division policy, students are placed in age appropriate grade): _____
 Student's Mailing Address (including postal code): _____
 Student's Legal Land Description (if rural): _____
 Student Email Address: _____ Student Learning ID #: _____
 Primary Phone Number: _____ Student Cell Phone Number: _____
 Student Birth Date (ex Jan. 1, 2002): _____
 Has Student ever attended another Saskatchewan School? **Y N** If yes, name of school? _____
 How many schools has the student attended? _____ Please List: _____
 Country student is coming from currently: _____
 Student's Birth Country: _____ Student's Citizenship 1: _____ Citizenship 2: _____
 Home Language 1: _____ Home Language 2: _____ Other: _____
 Has the student been given an EAL (English as an Additional Language) report card OR have they ever been assigned a CFR Level (A1, A2, B1, B2)? If yes, please attach. **Y N Unknown**
 Has the student ever participated in French Immersion or any other Language Immersion Program? **Y N**
 Has the student been home schooled? **Y N** If yes, where was the student registered and for which grades? _____

Citizenship Information:

If not a Canadian Citizen, please answer the following:

Does the student have a Permanent Residency Card?	Y N	<i>If you are NOT a Canadian Citizen, please Include a copy of your valid study permit, permanent residency card or any other relevant visa.</i>
Is the student a Temporary Resident?	Y N	
Is the student in Canada on a Student Visitor Visa ?	Y N	
Does the student have a Study Permit?	Y N	
Do Parents/Guardians have a Work Permit?	Y N	

Aboriginal Ancestry Declaration:

Would you voluntarily Self Declare as being of Aboriginal Ancestry? **Y N**
If yes, please request an Aboriginal Self Declaration Form

Church Affiliation:

Does your family currently attend a church? **Y N**
 If yes, which church does your family currently attend? _____
 Pastor's Name: _____
 In what ways does your family live out their faith in Jesus Christ? _____



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Family Information/ Guardianship Rights, Custody or Access Rights:

Guardians of the student must be identified to ensure each party's rights are respected. If an order affecting guardianship rights, custody or access rights exists, please indicate which by selecting the appropriate options below.

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Email Address: _____

Parent/Guardian #1 Occupation: _____

Parent/Guardian #1 Cell Phone Number: _____

Please select the appropriate Parent/Guardianship Rights for Parent/Guardian #1:

- Access/Custody
- Guardianship
- Protection
- Other: Please specify: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #2 Email Address: _____

Parent/Guardian #2 Occupation: _____

Parent/Guardian #2 Cell Phone Number: _____

Please select the appropriate Parent/Guardianship Rights for Parent/Guardian #2:

- Access/Custody
- Guardianship
- Protection
- Other: Please specify: _____

Access/Custody Documentation expiration date: _____

Other Document Expiration Date (Month/Day/Year): _____

Is there a copy in student record? **Y N**

Do both parents/Guardians live together? **Y N** If not, who does the student live with? _____

Please **Check all items** that each Parent/Guardian should receive:

	<u>Parent #1</u>	<u>Parent #2</u>
Grade Mailing:	Y N	Y N
Conduct Mailing:	Y N	Y N
Other Mailing:	Y N	Y N
MSS Family Portal Access:	Y N	Y N

Add Another Parent/Guardian Contact: If yes, please specify name and relationship to you. _____

Does the student have siblings **NOT** attending CCS? If so, please list their names as well as their Birth Date (ex Jan 1, 2002) and Grade: _____

Parent/Guardian Declaration:

I, the undersigned, hereby represent that I have the legal authority to register this student. I declare that the the information provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Name of person submitting registration: _____

First Name: _____ Last Name: _____

Date of Declaration:)Month/Day/Year _____

Signature of Parent/Custodial Parent/Legal Guardian: _____



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Medical History:

Does the student have any medical conditions such as epilepsy, asthma, heart conditions, diabetes etc? Please list. _____

Does the student have any known allergies? If yes, please list. _____

Is the student on any long term medication? Please list and explain. _____

Have there been any major changes or events in your family within the past three years (ex. Divorce, Move, Court Action, Deaths etc)? Please explain. _____

Has the student received counselling for any reason? If yes, please explain. _____

Does the student need further counselling services at this time? _____

Educational Supports:

Has the student received, or has it been recommended that the student receive services (evaluation or treatment) from a Speech Language Pathologist? If yes, please explain the concern(s), recommendations and any service received. _____

Has the student ever been assessed by or worked with an Educational/School Psychologist or by a psychologist through Public Health, Early Intervention, Mental Health or a private clinic? If yes, when? What were the concerns? _____

Has an inclusion and intervention plan (IIP), personal program plan (PPP), individual education plan (IEP), individual program plan (IPP), or student support plan (SSP) ever been developed for the student? If yes, please explain the reasons for the individualized plan and PROVIDE A COPY OF THE MOST RECENT DOCUMENTS. _____

Educational Supports Continued on Following Page...



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Has the student ever received specialized programming? Please check all that apply and explain the student's past programming, the reasons for it and the grade level it was implemented.

Please Explain Below:

- Y N Enrichment _____
- Y N Resource or Learning Assistance _____
- Y N Behaviour Assistance _____
- Y N Social Skills _____
- Y N Adaptations or Accommodations _____
- Y N Reduced Curriculum _____
- Y N Modified Curriculum _____
- Y N Alternate Programming _____
- Y N Life Skills Programming _____
- Y N Occupational Therapy _____
- Y N Speech Language Therapy _____
- Y N Physical Therapy _____
- Y N Support from an Educational Assistant or Teacher's Aid _____
- Y N Technological Support (sound amplification system, laptop) _____
- Y N Other (Please list and explain) _____

Suspected or Diagnosed Challenges:

Please identify and explain any challenges which have been diagnosed or suspected and submit copies of any diagnostic reports from doctors, psychologists etc.

Please Explain Below:

- Y N Learning Disability _____
- Y N Attention Deficit/Hyperactivity Disorder (ADHD) _____
- Y N Oppositional Defiance Disorder (ODD) _____
- Y N Conduct Disorder _____
- Y N Prenatal Substance Exposure (Alcohol or drugs) _____
- Y N Past or Current Substance Use/Abuse _____
- Y N Autism Spectrum Disorder (Autism, Asperger's, PDD-NOS) _____
- Y N Hearing Impairment _____
- Y N Visual Impairment _____
- Y N Developmental Delay _____
- Y N Orthopaedic Disability or Mobility Impairment _____
- Y N Mental Health Concerns (anxiety, depression, bi-polar disorder etc) _____
- Y N Any other learning, behavioral, medical, social or emotional difficulties _____
- Y N Intellectual Disability/Low Cognitive Ability _____

Please attach a copy of the student's report card, educational support papers, and a completed pastoral reference before submitting

Cornerstone strives to meet the needs of students and families. It is imperative that all needs be identified during the application process to ensure that appropriate programming and staffing are available for the student upon his or her enrolment. Admission may be denied if this form is incomplete or revoked if pertinent information about your child's NEEDS IS OMITTED.

PLEASE BE ADVISED THAT CORNERSTONE ADMINISTRATION MAY CONTACT YOUR CHILD'S CURRENT/PREVIOUS SCHOOL FOR FURTHER INFORMATION.



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For Kindergarten and Grade One Students Only

Please answer the following questions by circling "yes" or "no".

- | | |
|---|--|
| Y N Strangers can easily understand my child's speech | Y N My child can count ten objects |
| Y N My child speaks in complete sentences | Y N My child can colour beyond simple shapes |
| Y N My child knows his/her phone number | Y N My child can zip up his/her own coat |
| Y N My child listens attentively to a story | Y N My child can put on his/her own boots |
| Y N My child can answer simple questions about a story | Y N My child will take care of his belongings |
| Y N My child can cut a given line with scissors | Y N My child can draw beyond simple shapes |
| Y N My child can write his/her name | Y N My child can tie his/her shoes |
| Y N My child knows his/her full name | Y N My child can match simple shapes |
| Y N My child knows his/her address | Y N My child will obey request |
| Y N I read to my child every day | Y N My child can toilet him/herself |
| Y N My child cries easily | Y N My child can match basic colours |
| Y N My child is nervous | Y N My child will play well with others |
| Y N My child is bashful | |

What is your child's favourite television program? _____

How much time is spent watching television daily? _____

What are your child's favourite indoor play activities? _____

What are your child's favourite outdoor play activities? _____

Additional Information for Teacher:

Can your child print their name on a line with a capital letter at the beginning and lower case for the remaining letters? **Y N**
Please have your child print their name below:

Hand preference: **Left or Right**

How does your child feel about coming to school? _____

Has your child attended Preschool, Daycare, Other Groups/Lessons, Neither (Stayed Home)? _____

Any other helpful information for teacher: _____

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