

# APPLICATION CHECK LIST

**PLEASE ENSURE THAT ALL PIECES OF THE APPLICATION ARE COMPLETED AND SENT IN AS SOON AS POSSIBLE. WE WILL NOT BE ABLE TO ACCEPT YOUR APPLICATION UNTIL ALL INFORMATION HAS BEEN RECEIVED.**

- General Application Information Form– 2 pages**
- Statement of Commitment**
- Parental/Guardian Reference – 1 page**
- Medical Information Form – 1 page**
- Personal Self Reference Form – 2 pages**
- Residence Information – 2 pages (if applying for Dormitory or Homestay)**
- 2 pictures of applicant (head and shoulders)**
- Christian Character Reference form sent to Referee (Pastor’s reference)**
- Educational Reference form sent to Referee (Teacher’s reference)**
- Copy of most recent report card – as well as any report cards back to grade 10 or Form 4 (International Students)**
- Commitment to Responsible Use of the Internet Form**
- Resident Handbook Contract (if applying for Dormitory or Home stay)**
- Golden Hills – Freedom of Information & Protection of Privacy Act Form**
- Application Fee - \$25.00 – for North American students only – payable to Prairie Christian Academy**

Please call (403) 443-4220 or fax (403) 443-7005  
or Email – [admissions@ghsd75.ca](mailto:admissions@ghsd75.ca)  
for further information.



# GENERAL APPLICATION INFORMATION



Prairie Christian Academy  
www.pca3hills.ca

Applicant's Name: \_\_\_\_\_  
LAST FIRST MIDDLE  
(Circle the name preferred to be called)

I am planning to attend PCA Secondary for grade: 7 8 9 10 11 12 (circle one)

I would be starting in \_\_\_\_\_ September (year) \_\_\_\_\_ or \_\_\_\_\_ February (year) \_\_\_\_\_

I became interested in PCA Secondary through: \_\_\_\_\_ parents \_\_\_\_\_ church \_\_\_\_\_ PCA touring group

I was referred by: \_\_\_\_\_

I have had relatives that attended PCA or Prairie High School: \_\_\_\_\_ (name)

## PERSONAL INFORMATION:

Date of Birth: (mm/dd/yy) \_\_\_\_\_ male female

Applicant's Email address: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work /Cell phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_

Street/Box Number: \_\_\_\_\_ Street/Box Number: \_\_\_\_\_

City & Province: \_\_\_\_\_ City & Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Father's email address: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

If applicable, who has legal custody? \_\_\_\_\_

## ACADEMIC INFORMATION:

Last grade completed: \_\_\_\_\_ Type of school: \_\_\_Public \_\_\_Private \_\_\_Home school

If Private or Home school, please state curriculum used: \_\_\_\_\_

Alberta Learning ID Number: \_\_\_\_\_

Has the applicant ever repeated a grade? If so, which grade? \_\_\_\_\_

Has the applicant ever been expelled from school or asked not to return to school? \_\_\_\_\_

Has the applicant ever been suspended from school? \_\_\_\_\_ Please elaborate on any of these questions on a separate sheet of paper.

Do you have an Individual Program Plan (IPP) in place? \_\_\_\_\_ If "yes" please include a copy

Please submit a copy of the applicant's most recent report card.

**Present or Last school attended:**

Full name of School: \_\_\_\_\_

School District: \_\_\_\_\_

Street / Box: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**CHURCH INFORMATION:**

Church Name: \_\_\_\_\_

Street / Box: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been attending this church? \_\_\_\_\_

Describe how regularly applicant attends church/Sunday School/Youth group: \_\_\_\_\_

**LEADERSHIP INFORMATION:**

Name of clubs, teams or positions held by applicant in school, church or community:

\_\_\_\_\_  
\_\_\_\_\_

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

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

Alberta Learning is collecting this personal information pursuant to section 33c of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs to improve Aboriginal learner success.

**For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Informational and Strategic Services Division, Alberta Learning, 10155 – 102 Street, Edmonton, AB T5J 4L5, (780) 427-8501**

**Section 23 Eligibility – to identify students who have a legal right to French instruction. Please check if:**

either parent's mother tongue is French     either parent was educated in French Canada

one or more children in the family have received primary or secondary school instruction in French in Canada.

**Transportation Services:**

I am requesting transportation services:  yes     no

*Only eligible students will receive transportation services and fees may apply*

*See the Student Fee Schedule*

## STATEMENT OF COMMITMENT

By signing below, we agree that all the information provided is complete and correct and that we forfeit all rights to examine the confidential information given by the named referees.

We acknowledge that we have carefully read through the entire Handbook and wholeheartedly agree to completely abide by all the rules and regulations of Prairie Christian Academy and to fully support the policies of the school.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**AFTER COMPLETING THE CHECKLIST, PLEASE MAIL OR FAX  
THE ENTIRE APPLICATION TO:**

**Prairie Christian Academy  
Secondary School  
Box 68  
Three Hills, AB  
T0M 2A0  
Fax: (403) 443-7005**



**Prairie Christian Academy**  
[www.pca3hills.ca](http://www.pca3hills.ca)

# PARENTAL/GUARDIAN REFERENCE

(To be filled out by a parent or guardian of the applicant)

**Applicant's Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Why do you feel that your son/daughter will benefit from coming to Prairie Christian Academy?**

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**What are your son/daughter's strengths?** \_\_\_\_\_

**What are your son/daughter's weaknesses?** \_\_\_\_\_

**Which of the following best describes your son/daughter's spiritual life recently?**

\_\_\_\_\_ **Dedicated** \_\_\_\_\_ **Searching** \_\_\_\_\_ **Passive** \_\_\_\_\_ **Negative** \_\_\_\_\_ **Unknown**

**Why?** \_\_\_\_\_

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**What areas would you like to see developed in your son/daughter?** \_\_\_\_\_

**In what areas do you feel your son/daughter will need the most help or guidance at PCA?** \_\_\_\_\_

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**What causes stress in your son/daughter's life and how does he/she deal with it?** \_\_\_\_\_

**Please specify any significant learning diagnosis, program modifications, resource room support that has been applied to your son/daughter in previous years?** \_\_\_\_\_

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**Please indicate what best applies to your son/daughter's current home situation:**

\_\_\_\_\_ lives with both parents \_\_\_\_\_ lives with mother \_\_\_\_\_ lives with father

\_\_\_\_\_ lives with another family member \_\_\_\_\_ lives with guardian

Custody: In rare instances a child may be designated as "Protected" if a court has issued an order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act, or is the subject of a custody or access order. If your child is subject to any such order or agreement, please indicate as directed below and contact the school principal. Does such an order exist? \_\_\_\_\_. If yes, legal documentation will be required.

**Are there any other family circumstances about which you feel the principal should be informed? If so please elaborate on a separate sheet of paper.**

# MEDICAL INFORMATION

Although a medical exam is not required, it is advised that all students have medical, dental and eye exams as well as all routine immunizations up to date prior to their arrival on campus. **Please contact your Local Health Unit to have copies of all immunization records sent to the school.** If your child will be living in the residence, this information will be shared with the Deans.

Name: \_\_\_\_\_

Birthdate: (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ Preferred (if different) Male \_\_\_\_\_ Female \_\_\_\_\_

Citizenship \_\_\_\_\_ Personal Health Number \_\_\_\_\_  
(If you do not have Canadian Provincial Health Insurance, the school will need to apply for it when you come)

Other Health Insurance: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work / Cell phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_

If applicable, who has legal custody? \_\_\_\_\_

Other Emergency Contacts:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL HISTORY:

Allergies (please specify):

Medication: \_\_\_\_\_ Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

What type of reaction? \_\_\_\_\_

Does the student require an Epi-pen? \_\_\_\_\_

Current Medications (please list, include dosages and purpose):

\_\_\_\_\_

Medical Conditions (check all that apply):

\_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart problems

\_\_\_\_\_ Immune Deficiency \_\_\_\_\_ Migraines or chronic headaches

\_\_\_\_\_ Stomach problems \_\_\_\_\_ Other please specify \_\_\_\_\_

*Please elaborate on a separate sheet all treatment given for these conditions.*

Emotional Health (check all that apply):

\_\_\_\_\_ Anxiety \_\_\_\_\_ Depression \_\_\_\_\_ Eating Disorders

\_\_\_\_\_ Panic Attacks \_\_\_\_\_ Other (please specify) \_\_\_\_\_

*Please elaborate on a separate sheet all treatment given for these conditions.*

# PERSONAL SELF REFERENCE FORM



Prairie Christian Academy  
www.pca3hills.ca

(FOR NEW STUDENTS TO PCA JR OR SR HIGH SCHOOL ONLY)

Applicant's Name: \_\_\_\_\_

Please answer the following questions in your hand writing (not typed).

What was your life like as a child? What did you like? What did you dislike? \_\_\_\_\_

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Describe your present relationship with your parents. \_\_\_\_\_

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Do you consider yourself to be a Christian? \_\_\_\_\_ Why or why not? \_\_\_\_\_

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When did you accept Jesus Christ as your personal Savior? \_\_\_\_\_

What is your relationship with Him like today? \_\_\_\_\_

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How are you involved in your local church right now? (ie Youth Group, Sunday school, etc) \_\_\_\_\_

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What do you like and dislike most in school? \_\_\_\_\_

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Why do you want to come to PCA rather than stay at your present school? \_\_\_\_\_

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What do you think the hardest thing will be for you to adjust to if you came to PCA? \_\_\_\_\_

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What activities do you hope to be involved with at PCA? (ie sports, music, leadership, missions team, etc)

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Have you had a problem being late to class? \_\_\_\_\_ If "yes", how will you ensure that this will not be a problem at PCA? \_\_\_\_\_

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How did you decide to apply to PCA? (check one only)

- It was my idea and I have my parents' full support
- It was my parents' idea, but I am in support of it
- It was my idea and my parents do not fully support it
- My parents and I decided together
- I don't want to come. My parents are forcing me
- Other: \_\_\_\_\_

Have you ever been involved in any of the following: Please answer YES or NO for each

- Stealing, vandalism or other offence liable to criminal prosecution \_\_\_\_\_
- The use of non-medicinal or prescription drugs or any mood altering substances \_\_\_\_\_
- The use of alcohol in any quantity \_\_\_\_\_
- The use of tobacco in any form \_\_\_\_\_

If you answer yes to any of these, please elaborate on a separate piece of paper.

"I certify that I have completed this form completely and honestly, to the best of my knowledge"

\_\_\_\_\_  
APPLICANT SIGNATURE \_\_\_\_\_  
DATE

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### References:

**Christian Character Reference:** (must be your Pastor, Youth Pastor, Youth Sponsor, Sunday School Teacher, Christian Club leader (Awana, etc), Camp Counsellor, Elder or Deacon)

- Name: \_\_\_\_\_
- Organization: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Educational Reference:** (must be a Principal, School Teacher, Guidance Counsellor, or Home School Coordinator)

- Name: \_\_\_\_\_
- School: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

# RESIDENCE INFORMATION

To be completed by the parent or guardian of applicant for Dormitory Students ONLY

Applicant Name: \_\_\_\_\_  
Last First Middle Preferred

Birth date: (mm/dd/yy) \_\_\_\_\_ Citizenship: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City/Province: \_\_\_\_\_

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

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

Father cell phone: \_\_\_\_\_ Mother cell phone: \_\_\_\_\_

Father email: \_\_\_\_\_

Mother email: \_\_\_\_\_

# of brothers: \_\_\_\_\_ # of sisters: \_\_\_\_\_

Home situation: (check all that apply)

- biological parent(s)       single parent home       foster home  
 adopted       step parent       guardian home  
 living with other relative (please specify relationship) \_\_\_\_\_

Applicant's Hobbies/Sports/Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church attended: \_\_\_\_\_

How much supervision does the applicant require to complete homework? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything about the applicant that the Residence staff should be aware of in order to understand them fully? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Residence staff stocks over-the-counter medications to treat common ailments, such as colds, stomach aches, flu, headaches and minor allergic reactions. (Tylenol, Advil, cold medication, tums, graval, benedryl, etc) Please indicate your consent for the administration of these medications by Residence staff.

Yes \_\_\_\_\_ No \_\_\_\_\_

**PERMISSIONS:**

Travel in vehicles is inherently risky, especially when under the driving care of a non-staff member. This act, along with other out-of-residence experiences not supervised by PCA staff, involves leaving the care of trained and experienced staff. The Residence Handbook lists specific checks we have in place to ensure safe and responsible decisions regarding these issues. As well, we as Residence Deans assume the authority to sign for residence students wishing to participate in official school and residence activities involving travel in vehicles (sports, student union, field trips) on parent’s behalf.

Please note the following policy regarding vehicle use, travel and out of residence experiences:

**Placing your child in the Residence Program authorizes the Directors of Residence to use their discretion in giving permission in the following areas:**

- driving in a vehicle within Three Hills and approximately 10 km surrounding
- accepting rides in vehicles within Three Hills and approximately 10 km surrounding
- use of a vehicle to transport other students within Three Hills and approx. 10km surrounding
- staying in a friend’s home overnight within Three Hills and approximately 10km surrounding

**Outside the above listed conditions, parental permission will be required in addition to Dean permission.**

By signing below, we accept full responsibility for the permissions given above and agree that Prairie Christian Academy Society and Prairie Christian Academy Secondary School are not responsible for any accident which may occur to the above applicant while they are away from the school. We also recognize the school’s responsibility to act in the place of the parent(s) or guardian(s) for Residence students. We also give consent for the applicant to undergo all necessary examinations, diagnostic tests, x-rays and treatment, including local anaesthetic that will be required in the course of the diagnosis and treatment of any illness or injury while a student at Prairie Christian Academy Secondary School, with the understanding that the school, at the time, will give the consent for treatment. This does not include surgery or treatment requiring “general anaesthetic” except in an emergency situation. We also acknowledge that we are responsible for any medical costs incurred that are not covered by our medical insurance.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please read the Residence Handbook and sign the back page and send in with this application form.

# CHRISTIAN CHARACTER REFERENCE

To be filled out by the applicant's: Pastor, Youth Pastor, Youth Sponsor, Sunday School Teacher, Christian Club leader (Awana, etc), Camp Counsellor, Elder or Deacon

**Applicant's Name:** \_\_\_\_\_

This applicant has applied to attend Prairie Christian Academy. In order to help us to understand the spiritual needs of this person, we would appreciate your feedback on the following.

**How long have you known the applicant?** \_\_\_\_\_

**Relationship to the applicant:** \_\_\_ Pastor \_\_\_ Youth Pastor/sponsor \_\_\_ Sunday School Teacher  
\_\_\_ Club leader \_\_\_ Elder/Deacon \_\_\_ Counsellor \_\_\_ Other \_\_\_\_\_

**How well do you know the applicant?** \_\_\_ very well \_\_\_ well \_\_\_ casually

Use a check mark to indicate the level of the applicant in the following categories:

	Very Strong	Strong	Average	Weak	Very Weak	Not Known
Leadership						
Concern for others						
Teachability						
Maturity						
Emotional Stability						
Positive influence on others						
Spiritual sensitivity						
Social acceptability						
Integrity						
Relationship with parents						

**Family Background:**

Have the following family members made a confession of faith in Jesus Christ?

\_\_\_\_\_ Applicant? \_\_\_\_\_ Mother? \_\_\_\_\_ Father?

What church activities does the family participate in?

Applicant: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

To what extent is the applicant involved in church activities?

\_\_\_ regularly \_\_\_ irregularly \_\_\_ seldom \_\_\_ never

Please check off any known participation in any of the following:

Alcohol \_\_\_\_\_

Tobacco \_\_\_\_\_

Non medicinal Drugs \_\_\_\_\_

Pornography \_\_\_\_\_

Would the applicant benefit in attending Prairie Christian Academy? \_\_\_\_\_

Why or why not? \_\_\_\_\_

Do you recommend that we accept this applicant?

\_\_\_\_\_yes

\_\_\_\_\_yes with reservation

\_\_\_\_\_no

\_\_\_\_\_unsure

If you have further comments or concerns about this applicant please elaborate on a separate sheet of paper.

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

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please mail or fax back to:

**Prairie Christian Academy Secondary School**

**Box 68**

**Three Hills, AB**

**T0M 2A0**

**Fax: (403) 443-7005**



**Prairie Christian Academy**

[www.pca3hills.ca](http://www.pca3hills.ca)

# EDUCATIONAL REFERENCE

To be filled out by the applicant's: Teacher, Principal, Guidance Counsellor or Home School Coordinator

**Applicant's Name:** \_\_\_\_\_

This applicant has applied to attend Prairie Christian Academy. In order to help us to understand the educational needs of this person, we would appreciate your feedback on the following.

**How long have you known the applicant?** \_\_\_\_\_

**Relationship to the applicant:** \_\_\_ Teacher \_\_\_ Principal \_\_\_ Guidance Counsellor  
\_\_\_ Other \_\_\_\_\_

**How well do you know the applicant?** \_\_\_ very well \_\_\_ well \_\_\_ casually

Use a check mark to indicate the level of the applicant in the following categories:

	Very Strong	Strong	Average	Weak	Very Weak	Not Known
Leadership						
Concern for others						
Teachability						
Quality of work						
Dependability						
Attitude towards work						
Attitude towards others						
Maturity						
Initiative						
Attendance						
Punctuality						

Has the applicant ever been severely disciplined or dismissed from school? \_\_\_\_\_

*If yes please provide a brief explanation of the circumstances involved.* \_\_\_\_\_

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Please specify any significant learning diagnosis (gifted, disability, ADD, etc) program modification, resource room support, etc – that has applied to the applicant in previous years \_\_\_\_\_

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Please indicate the applicant's involvement in each of the following:

	Very Often	Often	Average	Seldom	Very Seldom	Not Known
Sports						
Academics						
Drama						
Music						
Student Leadership						
Volunteer work						

If accepted, in what areas do you feel the applicant will need the most help/guidance? \_\_\_\_\_

Would the applicant benefit in attending Prairie Christian Academy? \_\_\_\_\_

Why or why not? \_\_\_\_\_

Do you recommend that we accept this applicant?

\_\_\_\_\_yes      \_\_\_\_\_yes with reservation      \_\_\_\_\_no      \_\_\_\_\_unsure

If you have further comments or concerns about this applicant please elaborate on a separate sheet of paper.

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

Name: \_\_\_\_\_

School: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please mail or fax back to:

**Prairie Christian Academy Secondary School**

**Box 68**

**Three Hills, AB**

**T0M 2A0**

**Fax: (403) 443-7005**



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