



**Woodstock Christian Academy Inc.**  
**Re-enrollment Application**

Mailing Address:  
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Registered Charity # 837811005RR0001  
Canada Revenue Agency [www.cra-arc.gc.ca/charitiesandgiving](http://www.cra-arc.gc.ca/charitiesandgiving)  
Follow us on Facebook @Woodstock Christian Academy

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

**This application is for students presently enrolled who desire to return for the \_\_\_\_\_ academic year. The registration fee of \$50.00 must accompany this application and is not refundable. Thank you for reaffirming your confidence in the school staff to assist you in providing a quality Biblical education for your child. Our commitment is to work with the home but not to assume responsibilities which rightfully belong to parents.**

**Updated Student Information**

**Full Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Updated Family Information**

**Father's Name:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Marital Status:** Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (We will not share your Email address)

## Medical Information

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provincial Medicare number: \_\_\_\_\_

Does the applicant have any physical impairments, allergies or medical conditions that the school needs to be aware of or that has changed since last year? \_\_\_\_\_

Is the applicant's immunization record up to date? \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event of a medical emergency and we are unable to contact you or your emergency contact, do you authorize the school administration to make emergency medical decisions or to take life saving measures?

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

*This application must be filled out completely before it can be processed. Application and registration fee of \$50.00 must accompany the application and is **non refundable**. An interview with the parents and the student will be required before final acceptance.*

*Woodstock Christian Academy has a racial nondiscriminatory policy, and therefore, does not discriminate against members, applicants, students, and others on the basis of race, color, national or ethnic origin.*

*"I hereby pledge to pay my financial obligation to the school on the due date and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account."*

*"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the staff and volunteers of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline it deems wise and expedient for the training of my student."*

*"I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid."*

_____ <i>Signature of Father</i>	_____ <i>Signature of Mother</i>
_____ <i>Date</i>	_____ <i>Date</i>

**School Administration Use only**

Status of Application: Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Indecision: \_\_\_\_\_ Probation: \_\_\_\_\_

Comments from Interviewing committee: \_\_\_\_\_

Signature of School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

***Proverbs 22:6 Train up a child in the way he should go: and when he is old, he will not depart from it.***