

Box 4297 Taber, AB T1G 2C7  
Phone: (403) 223-9571 Fax: (403) 223-9594  
Email: [TVCS.Principal@live.ca](mailto:TVCS.Principal@live.ca) Principal: Miss Agatha Klassen



Study to show thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the Word of Truth." II Timothy 2:15

## New Student Registration Form

### Student Information

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Preferred Name: (if different than legal name) \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
Month Day Year

Gender:  Male  Female

Physical Address (blue sign): \_\_\_\_\_

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

Town Province Postal Code

Last School Attended: \_\_\_\_\_  
School Name City/Town

Citizenship Status:  Canadian Citizenship  Permanent Resident/Land Immigrant

Other: \_\_\_\_\_

### Parental Information

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

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

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

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

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

## Medical Information

Student's Alberta Health Card Number: \_\_\_\_\_

Does the student have any health problems or concerns the school should be aware of?

Example: asthma, allergies, diabetes, medication, etc.

Yes       No

If yes, please explain: \_\_\_\_\_

## Emergency Contact:

In the case parents cannot be contacted.

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

Relationship to student: \_\_\_\_\_

## Billing Information

Preferred Billing Method:  Email       Mail

## Photo Consent

During the school year, we take photographs of school activities involving students to share the school's updates. By which incidentally, some photographs may capture your child's participation, directly or indirectly. These photos may be published through our website and social media pages such as WhatsApp. With this, we seek for your consent in allowing us to publish photos which may involve your child to the said platforms. Please do provide your response by selecting your choice below and submitting this form:

- I hereby allow the reproduction and publication of my child's photograph(s)  
 I do not allow the reproduction and publication of my child's photograph(s)

## Parental Signature

Parents;

By signing below, I agree with the statement of faith, I also agree to support the teachers, and board in their duties to the best of my abilities.

I hereby certify that the information provided is true, correct, and complete to the best of my knowledge and belief. I have read and agree with the Tween Valley Christian School Statement of Faith.

I understand that the school relies on the parents for financial support. By signing below, I agree to pay the monthly fees to support the school financially as set out by the board.

By signing below, I recognize that Tween Valley Christian School will operate, and its decisions will be guided in accordance to the Statement of Faith.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

