



### 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 report card OR have they ever been assigned a CFR Level? 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**  
 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**

#### 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Aboriginal Ancestry Declaration:

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

#### Family Information:

Mother's Name: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_  
 Mother's Occupation: \_\_\_\_\_ Mother's Cell Phone Number: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_  
 Father's Occupation: \_\_\_\_\_ Father's Cell Phone Number: \_\_\_\_\_  
 Do both parents live together? **Y N** If not, who does the student live with? \_\_\_\_\_  
 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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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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 individualised 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 specialised 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 speaks in complete sentences
- Y N My child knows his/her phone number
- Y N My child listens attentively to a story
- Y N My child can answer simple questions about a story
- Y N My child can cut a given line with scissors
- Y N My child can write his/her name
- Y N My child knows his/her full name
- Y N My child knows his/her address
- Y N I read to my child every day
- Y N My child cries easily
- Y N My child is nervous
- Y N My child is bashful

- Y N My child can count ten objects
- Y N My child can colour beyond simple shapes
- Y N My child can zip up his/her own coat
- Y N My child can put on his/her own boots
- Y N My child will take care of his belongings
- Y N My child can draw beyond simple shapes
- Y N My child can tie his/her shoes
- Y N My child can match simple shapes
- Y N My child will obey request
- Y N My child can toilet him/herself
- Y N My child can match basic colours
- Y N My child will play well with others

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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