

FOUNTAINVIEW ACADEMY - STUDENT APPLICATION FORM

Box 500, Lillooet, BC V0K1V0 Canada Phone: 1-250-256-5400 Fax: 1-250-256-5499 Email: info@fountainview.ca

SECTION 1—PERSONAL INFORMATION (to be completed by the student)

Thank you for considering Fountainview Academy. Before you start filling out this application, please read the Fountainview Academy Handbook (www.fountainviewacademy.ca/handbook). Prayerfully consider the purposes of the academy and the commitments that will be expected of you if you are accepted as student.

Legal Name: _____
First Middle Last (Surname)

Application Date: _____ For which school year: _____ Grade Entering: **10 11 12**
(month/day/year) (example: 2019-2020)

Address: _____ City: _____

Prov/State: _____ Postal Code/ZIP: _____ Country: _____

Email: _____ Student Cell Phone: _____

Birthdate (month/day/year): _____ Age: _____ Gender: Male Female

Birthplace: _____ Citizenship: _____

Religious Affiliation: _____ SIN or SSN #: _____
(If SDA, list your home church & either baptism date or "not baptized")

STUDENT ACKNOWLEDGEMENT

I acknowledge that I have answered the above questions as accurately as possible, I have read and understand the Student Handbook, and if I am accepted as a student, I pledge to uphold the education principles and practices of Fountainview Academy as outlined in the Student Handbook.

Signature of Student _____ Date _____

Now that you have completed the personal information section of the application, please turn to page 4 and complete the personal essay. Your parents or guardians should complete the remainder of this application.

SECTION 2—PARENTS/GUARDIANS

Legal Name Relationship

Legal Name Relationship

Mailing Address

Address

City Prov/State

City Prov/State

Postal Code/ZIP Country

Postal Code/ZIP Country

Phone Cell Phone

Phone Cell Phone

Email

Email

Email grades to above address Email financial statements

Email grades to above address Email financial statements

EDUCATIONAL INFORMATION

Please list schools or home school programs attended from the 8th grade to the current year:

Grade	Year	School Name	Address	Phone
8				
9				
10				
11				

Please send us copies of your child's grades or grade reports (in English or with English translation) from 9th grade to the present by email (info@fountainview.ca), fax (1-250-256-5499), or if need be, by mail. The reports do not have to be sent straight from the child's school.

We may require course descriptions (in English or with English translation) to be submitted if it is not clear how the courses line up with our requirements.

Homeschoolers who don't have transcripts or grade reports from a homeschooling program should submit a list of courses taken, being sure to describe course types.

Does your child have any difficulty learning? Yes No If yes, please explain:

Does your child desire special help in any subject? Yes No If yes, which subject(s)?

If your child plays a musical instrument, which kind and for how long?

MEDICAL INFORMATION

The personal information collected relates directly to, and is necessary for, program operation and will be kept confidential in compliance with the Freedom of Information and Protection of Privacy Act.

Fountainview Academy requires that all students carry medical insurance. The provincial BC medical insurance (MSP) is available free of charge for those with status in Canada age 18 and under. Students who do not already have provincial coverage will need to obtain this insurance through Fountainview Academy. Some insurance fees for those over 18 or for USA tours may still apply. See current fee structure for estimated costs (www.fountainviewacademy.ca/applicants) or contact our office for further information.

Has your child had any major illnesses, surgeries or chronic diseases that we should be aware of in the event of an emergency?

If your child suffers from allergies, please list them including any reactions they may have:

Note: Fountainview Academy is located 25 kilometers from the nearest medical facility. Students with minor illnesses are examined by on-campus personnel or the dean but will not normally be taken for treatment unless the illness persists, becomes serious, or we are directed to do so by the parent. If you have any special concerns in this regard please advise the Director of Student Life.

FINANCIAL INFORMATION

Please see our current fee structure (www.fountainviewacademy.ca/applicants) for more information.

Do you have an unpaid bill at any other school? Yes No If yes, what amount: _____

School Name _____ School Phone: _____

School Address: _____

PARENTAL ACKNOWLEDGEMENT

I have read the Student Handbook and I understand the educational philosophy of Fountainview Academy. I desire to have my child attend Fountainview Academy, and I willing pledge to support the high ideals and standards of the school. I agree to assume all financial responsibility for the applicant.

Signature of Parent/Guardian _____ Date _____

APPLICATION PROCEDURE

We welcome your communication. Please feel free to contact us with any questions by calling 1-250-256-5400 or emailing info@fountainview.ca.

Please see our website for more admissions information as well as online applications and reference forms: www.fountainviewacademy.ca/applicants.

If you choose to submit a paper application, please scan and email it to info@fountainview.ca, or mail it to:
Fountainview Academy Admissions, Box 500, Lillooet, BC V0K1V0 Canada

To complete the application process, please ensure that the following items are sent to Fountainview Academy. Items may be sent by email to info@fountainview.ca, filled out online, or mailed. Your application will not be processed until all items are received.

- Completed and signed application form
- Personal essay (see pages 4-5)
- A copy of grades or reports from grade 9 to the present
- Current picture of the applicant
- Non-refundable \$25 application fee - CAD/USD only (Pay by check or at www.fountainviewacademy.ca/tuition)
- A copy of the applicant's birth certificate
- Fountainview character reference forms from the following three persons (*non-relative adults*)
(May be filled out online at www.fountainviewacademy.ca/reference-form)
 - your pastor or head elder
 - a principal/teacher who has taught you recently
 - some other adult who knows you well (non-relative)

When all items as listed above are received in our office, we will contact you by phone or email to arrange a video conference or telephone interview.

References

We have found that references generally delay the application process. Please encourage your references to respond as soon as possible. We recommend our online form www.fountainviewacademy.ca/reference-form, otherwise consider providing your references with a stamped envelope to:

Fountainview Academy Admissions, Box 500, Lillooet, BC V0K1V0 Canada

Visiting Fountainview Academy

We encourage you to visit our campus if you are able. Feel free to bring your family. Accommodations and cafeteria meals will be provided free of charge, for a first-time visit, pending availability. Please contact us for more information regarding visiting Fountainview Academy at 1-250-256-5400 or info@fountainview.ca.

Thank you for taking the time to apply. We pray for a special blessing on each applicant as you seek an education that will build character for eternity.

PERSONAL ESSAY

Please address the following topics in a short essay in your own words:

- Why you wish to attend Fountainview Academy
- A description of your Christian experience
- How your parents feel about your desire to attend Fountainview Academy
- Any other information that you feel will aid the application process

Personal essay continued (if needed).

FOUNTAINVIEW ACADEMY - STUDENT REFERENCE FORM

Box 500, Lillooet, BC Canada V0K 1V0 Phone: 250-256-5400 Fax: 250-256-5499 Email: info@fountainview.ca

STUDENT APPLICANT NAME:

The above named individual is applying to become a student at Fountainview Academy. Your honest and candid appraisal will assist us in making an informed decision regarding this student's compatibility with our spiritual, academic and physical program. This referral will be kept strictly confidential. Please send it directly to

Fountainview Academy Admissions, Box 500, Lillooet, BC V0K1V0 Canada, or scan and email to info@fountainview.ca.

How long have you known the applicant?

In what capacity have you known him/her?

Please rate the applicant on a scale of 1 (weaker) to 5 (stronger) for each of the following areas. Circle any descriptors that specifically describe the applicant for each area or add your own descriptors in the comments section.

	<< Weaker	1	2	3	4	5	Stronger >>	Comments
1 SPIRITUALITY	weak, stagnating, antagonistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strong, stable, growing, open	
2 RELATION TO AUTHORITY	antagonistic, sullen, disrespectful, outward obedience,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cooperative, respectful, appropriately submissive	
3 INTEGRITY	dishonest, not trustworthy, manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honest, trustworthy, conscientious	
4 HELPFULNESS	unaware, self-centered, apathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	helpful, takes initiative	
5 LEARNING / ACADEMICS	unmotivated, careless, slow learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	highly motivated, does their best, learns easily	
6 JUDGEMENT (reasoning ability)	headstrong, lacks common sense, impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	level-headed, careful, sound, wise, teachable	
7 EMOTIONAL STABILITY	tense, excitable, moody, fearful, often loses control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	well-balanced, content, cheerful, self-controlled	
8 PERSONAL APPEARANCE	draws undue attention, worldly, careless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	modest, neat, well-groomed, tasteful	
9 CONVERSATION	shallow, inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kind, sensible, appropriate, uplifting	
10 SOCIAL ACCEPTANCE	disliked, few friends, clingy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	well-liked, many friends, leader	

	<< Weaker	1	2	3	4	5	Stronger >>	Comments
11	RELATION TO OPPOSITE GENDER	flirty, secretive, overly dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	circumspect, open, healthy, balanced
12	INFLUENCE ON OTHERS	detrimental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	positive
13	INDUSTRIOUSNESS	lazy, unmotivated, unwilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hard worker, enthusiastic, efficient
14	HEALTH	weak, sickly, low vitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vigorous health, energetic
15	PARENTS' FINANCIAL RESPONSIBILITY	irresponsible, not a priority to pay bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very responsible, bills paid currently

Has the applicant had any trouble concerning conduct in school or elsewhere?

If so, what was the nature of the problem?

The applicant has: used drugs drank alcohol smoked none to my knowledge
 other:

If you had a child at this school, would you be willing for the applicant to room with him/her?

Do you believe the applicant really wants to attend Fountainview?

What has been the home environment (stability, discipline, etc.) of the student?

Please give any further information that would be helpful in evaluating this applicant or in guiding him/her as a student.

Please check one:

To become a member of the student body of Fountainview, the applicant is:

- Highly recommended
- Recommended
- Recommended with reservations
- Not recommended under the present circumstances
- Not recommended under any circumstances

Reference Information

Print name:

Signature:

Date:

Occupation:

Email:

Phone:

Address: