



North American Application Checklist

Required Forms Checklist:

The following list is all required application forms for North American Students. **Please make sure you read ALL questions carefully.** Any incomplete forms will be returned for completion.

- Form 1:** Application for Admission
- Form 2:** Student Statement of Intent
- Form 3:** Student Health Services
- Form 4:** School Official Report
 - **MUST be completed by student's current school and submitted with Credit Counseling Summary or Transcript (Most Recent Report Card for Grade 8)**
- Form 7:** Potassium Iodide Consent
- Immunization Information Request Form (green form)

Required Supplementary Documents Checklist:

The following list is all required supplementary documents for North American Students. A copy can be sent with the completed application forms or documents can be brought into the Enrolment Office to be photocopied.

- Passport
- Birth Certificate (if born in Canada - refer to Form 1 page 3)
- Health Card
- Social Insurance Number (SIN) Card
 - **Required for all students participating in the work program**
- Permanent Resident Card or Citizenship Card (if applicable - refer to Form 1 page 3)
- Immunization Records



Kingsway College

1200 Leland Road, Oshawa, ON L1K 2H4, Canada
Tel: 905-433-1144 Fax: 905-433-1156
admissions@kingsway.college
www.kingsway.college

Form 1: Application for Admission

Semester Applying for: (circle one) September, 2019 (1st Semester) or February, 2020 (2nd Semester)

Student Information

Please print legibly

****Required fields**

Legal Last Name: _____ Middle Name: _____

Legal First Name: _____ Preferred Name: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Grade Applying for: (circle one) 9 10 11 12 Residence: (circle one) Dorm Community

Mailing Address: _____

City: _____ Province/State: _____

Postal Code/ZIP Code: _____ Country: _____

Home Phone: _____

Mandatory Student Contact Email: _____
(for communication purposes)

Canadian Social Insurance No. _____
(required for all students in the work program)

Canadian Health Card No. _____
(student must always carry health card)

Primary Language Spoken: _____

How did you hear about Kingsway College?

Emergency Contact

In case of Emergency, please notify **(other than parent/guardian). We will be calling to confirm the contact is valid

Relationship: _____

Last Name: _____ First Name: _____

Home Phone: _____ Alternate Phone: _____

Academic Information

Are you attending, or have you ever attended an Ontario School (*circle one*): Yes No

School Last Attended: _____

Type of School (*circle one*): Private Public Separate

School Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Academic Information

- | | | |
|-----|----|---|
| Yes | No | Has any previous school attendance been interrupted by illness for more than a 2-week duration? |
| Yes | No | Have you ever been asked to withdraw, or withdrawn from school for any reason, including medical, emotional, or behavioral reasons? |
| Yes | No | Have you ever been suspended, dismissed, or expelled? |
| Yes | No | Have you ever experienced emotional or behavioral difficulty? |
| Yes | No | Have you ever used alcohol, tobacco, or illegal drugs in any form? |
| Yes | No | Have you ever tried to harm yourself? |
| Yes | No | Have you ever been arrested or on probation? |

If you answered YES to any of the above questions, please explain the circumstances below:

- | | | |
|-----|----|---|
| Yes | No | Are you, or have you ever been on an independant education plan (IEP)? If yes, please submit a copy of your IEP |
|-----|----|---|

Student Status

Yes No Were you born in Canada?

If **YES**, please submit a copy of your birth certificate, proceed to "Religious Affiliation" section.
If **NO**, proceed below

Status in Canada:

- _____ Citizen (*please submit a copy of your Passport & Citizenship card*)
_____ Permanent Resident (*please submit a copy of your Passport & Permanent Resident card*)
_____ Study Permit (*please submit a copy of your Passport & Study Permit - IMM 5269.*)
_____ Refugee Status

Country of Birth: _____

If **REFUGEE**, **CITIZEN** or **PERMANENT RESIDENT**, entry date to Canada: Month _____ Day _____ Year _____

Religious Affiliation

RELIGIOUS AFFILIATION	HOME CHURCH	BAPTIZED (circle one)	
Student: _____	_____	Yes	No
Father: _____	_____	Yes	No
Mother: _____	_____	Yes	No
Legal Guardian: _____	_____	Yes	No

Parent/Guardian Information

FATHER:

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Province/State: _____

Postal Code/ ZIP Code: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Yes No Do you have legal custody of the student?

Yes No Does the student currently live with you?

Parent/Guardian Information Continued

MOTHER:

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Province/State: _____

Postal Code/ ZIP Code: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Yes No Do you have legal custody of the student?

Yes No Does the student currently live with you?

LEGAL GUARDIAN (if applicable):

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Province/State: _____

Postal Code/ ZIP Code: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Yes No Do you have legal custody of the student?

Yes No Does the student currently live with you?

Commitments and Consents

STUDENT COMMITMENT:

"I wish to be considered for admission to Kingsway College for the 2019 - 2020 school year. **I have read the Student Handbook and agree to be bound by the terms and conditions therein.** I am willing to participate in the Seventh-day Adventist religious education and programs provided by Kingsway College. If accepted, I agree to willingly abide by the rules, regulations, and policies of Kingsway College, and understand that any failure to do so may jeopardize my stay at Kingsway College. I agree to have my student labour applied directly to my account. I also understand that if accepted, financial arrangements must be made with the Business Office."

STUDENT SIGNATURE: X _____

DATE: / /
 MM DD YYYY

Commitments and Consents Continued

*required to be signed before student can be registered

PARENT/GUARDIAN COMMITMENT:*

"I have read the Student Handbook and agree to be bound by the terms and conditions therein. To the best of my knowledge, the questions on the application have been answered honestly. I will encourage my student to cooperate with the rules, regulations, and policies of Kingsway College. I understand my financial obligation, and I agree to pay my student's account each month, unless otherwise arranged in advance. I further agree that my student's account will be paid in full before transcripts are released."

PARENT/GUARDIAN SIGNATURE: X _____

DATE: / /
 MM DD YYYY

CONSENT FOR KINGSWAY ISSUED G-SUITE DOMAIN:*

I agree to the use of a Kingsway College issued e-mail address for myself and I further acknowledge and agree that as part of the school's G-Suite domain, that the emails and documents in this account will be:

- (1) housed on servers outside of Canada;
- (2) subject to Google's terms of service contained in their General and Education policies, as well as Google Privacy Policies (<https://www.google.com/policies/privacy/>)(<https://edu.google.com/trust/>); and
- (3) fully monitored and accessed by Kingsway College at their discretion.

I also agree to the use of a Kingsway College issued e-mail address for my student and I further acknowledge and agree that as part of the school's G-Suite domain, that the emails and documents in this account will be:

- (1) housed on servers outside of Canada;
- (2) subject to Google's terms of service contained in their General and Education policies, as well as Google Privacy Policies (<https://www.google.com/policies/privacy/>)(<https://edu.google.com/trust/>); and
- (3) fully monitored and accessed by Kingsway College at their discretion.

I understand this will be in effect as long as my student is enrolled at Kingsway College

PARENT/GUARDIAN SIGNATURE: X _____

DATE: / /
 MM DD YYYY

INTERNAL CONSENT FOR RELEASE OF INFORMATION:

Kingsway College is committed to safeguarding personal information of students and meeting or exceeding the privacy standards established by the Personal Information Protection and Electronic Act (PIPEA) in Ontario.

Please read the following statement and sign below:

"I hereby: ___ give permission ___ do not give permission for my child's name and picture to be published in the following internal publications:

- (1) Whozit picture mugbook
- (2) Cedar Sentinel school newspaper
- (3) Cedar Trails yearbook

___ I understand that this will be in effect as long as my child is enrolled at Kingsway College, or until I provide written notification of changes."

PARENT/GUARDIAN SIGNATURE: X _____

DATE: / /
 MM DD YYYY

EXTERNAL CONSENT FOR RELEASE OF INFORMATION:

Kingsway College is committed to safeguarding personal information of students and meeting or exceeding the privacy standards established by the Personal Information Protection and Electronic Act (PIPEA) in Ontario.

Please complete the following statement and sign below:

"I hereby: ___ give permission ___ do not give permission for my child's name and picture to be published in the following external publications

- (1) Seventh-day Adventist Institutions
- (2) Public Relations material, including but not limited to: advertisements, articles, brochures, videos, websites, and social media
- (3) Public recognition of student work
- (4) Cedar Trails e-yearbook web pages

___ I understand that this will be in effect as long as my student is enrolled at Kingsway College, or until I provide written notification of changes."

PARENT/GUARDIAN SIGNATURE: X _____

DATE: / /
 MM DD YYYY



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Form 2: Statement of Intent

To be completed by the applicant in his/her own handwriting. Please use additional paper if necessary.
If there is anything else you would like to share with us about you please feel free to do so.

1. What interests you about Kingsway College? In what ways do you see yourself contributing to this community?

2. Describe your spiritual relationship with and/or attitude toward God.

3. Describe an event or person that has been particularly significant to you. How have you been affected?

4. Describe a recent accomplishment of which you are most proud.

STUDENT SIGNATURE: X

DATE: / /
 MM DD YYYY



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Form 3: Student Health Services

Students **MUST HAVE** a valid Health Card with them at all times while attending Kingsway College.

Otherwise a fee of \$50 will be incurred for every doctor's visit.

Student Information

Legal Last Name: _____ Middle Name: _____

Legal First Name: _____ Preferred Name: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Grade Applying for: *(circle one)* 9 10 11 12 Residence: *(circle one)* Dorm Community

Mailing Address: _____

City: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

Home Phone: _____

Health Benefits Plan

Company: _____

Group Number: _____

Subscriber Name (e.g. parent): _____

Subscriber ID Number: _____

Member Name (e.g. child): _____

Other Information: _____

Contact Information

PARENT/GUARDIAN:

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

PHYSICIAN:

Last Name: _____ First Name: _____

Phone: _____ Fax: _____

EMERGENCY CONTACT (Other than Parent, must be same as Form 1): A call will be made to confirm contact

Name: _____ Phone: _____

Brief Health History

Do you have any medical considerations (e.g., depression, anxiety attacks, asthma, diabetes, low iron)?
Please explain.

Do you have any allergies (e.g., medications, animals, food)? Please explain.
(Please ensure that the student has an allergy bracelet if needed.)

Do you take allergy injections or any medication on a routine basis? If so, please list.
(Please note that Kingsway does not supply allergy medications/antihistamines or menstrual medications.
This is the responsibility of the student and must be left with the nurse or dean for dispensing.)

Parent/Guardian Consent

CONSENT FOR MEDICATION:

"I/We, the undersigned, understand the school nurse of Kingsway College or other designated school personnel may administer medication to my child as per their standing orders (for over-the-counter medications, e.g., Tylenol, Benadryl, Advil, or other), as prescribed by another physician. **If my child requires an EpiPen for medical needs, one will be provided by me as the parent/guardian for my child's duration at Kingsway College.**

I hereby:

_____ give consent to the above without restrictions."

_____ give consent with the following restrictions:

_____ do not give consent to the above."

CONSENT FOR ROUTINE IMMUNIZATIONS:

Do you wish Kingsway College to see that your student receives the following from a medical clinic...

... routine boosters for delinquent immunizations? (*circle one*)

Yes No

... tuberculin skin test or chest x-ray, if necessary? (*circle one*)

Yes No

CONSENT FOR GENERAL MEDICAL TREATMENT:

"I/We, the undersigned parent(s)/legal guardian(s) of _____ do hereby consent and authorize any officer or member of the Kingsway College staff as my/our agents in the event of an accident or illness/injury involving my child, to secure medical service including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital service which may be rendered at the office of said physician, at a licensed hospital, or at any other place. I/We further agree to indemnify and save harmless Kingsway College for any and all claims, expenses, or other forms of liabilities incurred by reason of action taken in procuring medical services for said minor. It is further understood that this consent is given in advance of any specific diagnosis, treatment, or need which might be required prior to the undersigned being notified. This consent gives Kingsway College or the physician the right to exercise their best judgment as to the immediate medical requirements of such diagnosis or treatment.

If any medical testing is performed (e.g., lab work), I/we hereby authorize the testing physician to release all medical test results to Kingsway College administration. I/We do also hereby consent to treatment which may be rendered to said minor by the school nurse while functioning in the capacity and limitation of a Registered Nurse exercising his/her best judgment as to the need for such treatment. I/We further authorize Kingsway College to release all pertinent medical histories and physical findings to the physician listed above on this form.

Parent/Guardian Consent Continued

CONSENT FOR RELEASE OF DRUG-TESTING REPORTS:

"As the parent(s)/legal guardian(s) of _____ we support the efforts of Kingsway College to maintain a drug-free environment. If my student is suspected of using any illegal drugs and medical testing is performed, I/we hereby authorize the testing physician to release the drug test results to Kingsway College administration. I/We will cooperate fully with Kingsway's administrators in any intervention and/or disciplinary actions regarding my/our child.

SIGNATURES:

By signing below, all parties acknowledge they have read and agreed to the statements indicated on this form. This consent shall remain in effect until revoked in writing and such revocation delivered to Kingsway College.

STUDENT SIGNATURE: X _____ DATE: MM / DD / YYYY

FATHER/GUARDIAN SIGNATURE: X _____ DATE: MM / DD / YYYY

MOTHER/GUARDIAN SIGNATURE: X _____ DATE: MM / DD / YYYY

Important Notes

- All costs for doctor visit co-pays, medical fees and prescriptions must be paid by the parent/guardian. KINGSWAY COLLEGE REQUIRES ALL DORM STUDENTS TO HAVE \$100 PLACED IN A MEDICAL ACCOUNT AT THE BEGINNING OF THE SCHOOL YEAR TO COVER SUCH COSTS. The school nurse will keep the parent informed of costs incurred, at which time parents will be required to bring the balance back up to \$100. Any remaining funds at the time the student withdraws and/or graduates will be placed as a credit on the student's account. The initial \$100 payment is due at registration.
Should you have any questions or concerns regarding any medical information, please contact the Kingsway College School Nurse at (905) 433-1144 ext. 251. You MUST also notify the School Nurse immediately of any medical problems, prescribed medications, or injuries which arise during the course of any stay at home, especially during any school vacations, so we can keep his/her medical records updated. All contact or exposure to contagious diseases of any kind should be reported immediately to the School Nurse, regardless of whether symptoms have appeared.



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Form 4: School Official Report

Applicant Name: _____

Grade Applying for: (circle one) 9 10 11 12

INSTRUCTIONS FOR THE APPLICANT:

Please complete the above information and give this form to your chosen recommender. This form must be completed by a school official (principal or vice principal only) from your last school. The recommender must submit this form directly to Kingsway College. You cannot submit this form to Kingsway College on behalf of the recommender.

INSTRUCTIONS FOR THE RECOMMENDER:

The above-mentioned student is an applicant for admission to Kingsway College, a private high school in Oshawa, Ontario, Canada, owned and operated by the Seventh-day Adventist Church. Your signature indicates that you have answered the evaluation honestly and objectively. Please include a Credit Counseling Summary or Transcript before returning this form to our office.

Please complete this confidential recommendation form and return it directly to our office:

ENROLMENT SERVICES
Kingsway College
1200 Leland Road
Oshawa, ON
L1K 2H4 Canada

Telephone: (905) 433-1144 ext. 211 or 212
Fax: (905) 433-1156
E-mail: admissions@kingsway.college

1. Discipline: _____ This student has had no major discipline issues.

_____ This student has had major discipline issues. Please explain:

2. Academics: _____ This student is functioning at grade level.

_____ This student needs special attention or has an IEP. Please explain:

3. Attendance: _____ This student's attendance is good and regular.

_____ This student's attendance is poor and sporadic.

4. To your knowledge, has this student ever used:

_____ No Substances _____ Alcohol _____ Drugs _____ Tobacco

5. To your knowledge, has this student been suspended/dismissed from school, arrested, or placed on probation?

_____ Yes _____ No

If yes, please explain:

6. Do you recommend the applicant as a desirable student for a Christian school?

_____ Yes _____ No _____ With reservation

7. General Comments (we value your comments because they are helpful in our admissions evaluation):

Recommender Information

Please include a Credit Counseling Summary or Transcript to this form before sending it back to our offices.

Attention: Make sure you have read and understood the instructions on page 1 before submitting this form

Last Name: _____ First Name: _____

Position: _____

Organization: _____

Address: _____

Phone No. _____

Email: _____

“My signature indicates that I have answered the evaluation honestly and objectively.”

SIGNATURE: X _____

DATE: / /
 MM DD YYYY



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Form 7: Consent for Potassium Iodide

Kingsway College has procedures in place to provide maximum protection for its students in the event of an emergency as per the Regional Municipality of Durham Nuclear Emergency Plan. In the event of an accident at the Darlington Nuclear Generating Station, emergency procedures include the administration of potassium iodide pills. This consent form will provide the school with your instructions should an emergency occur.

PARENTAL CONSENT FOR ADMINISTRATION OF POTASSIUM IODIDE

The use of K1 pills is voluntary. For questions regarding thyroid blocking and potassium iodide, please contact the Durham Region Health Department at health@durham.ca or 905-723-8521.

The Provincial Nuclear Emergency Plan approved doses for thyroid blocking are based on the current World Health Organization and AECD Group Medical Advisors' recommendations.

They are:

Adults	2 tablets
Children 12-18 years, more than 150 lbs.	2 tablets
Children 12-18 years, less than 150 lbs.	1 tablet
Children 3-12 years	1/2 tablet
Children under 3 years	1/4 tablet

If directed by the Province of Ontario or Emergency Measures Ontario: **(Please check one)**

I **GRANT** permission for my child _____ to be administered potassium iodide (K1) in the prescribed dose.

I **DO NOT GRANT** permission for my child _____ to be administered potassium iodide (K1).

My child _____ is allergic to potassium iodide.

SIGNATURE OF PARENT: X

DATE: / /
 MM DD YYYY

Please Note:

This consent is valid for the duration of your child's stay at Kingsway College. Please contact the School Nurse at 905-433-1144 ext. 251 should any questions arise.



IMMUNIZATION INFORMATION REQUEST

Complete this form and return to the school or Health Department.

Please check below to ensure you have completed the following:

- I have attached a copy of my child's immunization record.
- All of my child's immunizations are on the record I am submitting.** If immunizations are missing from your child's immunization record, please obtain an updated copy from your healthcare provider.
- All the vaccine dates and names are visible on the record (dates are not cut off the photocopy).**
- My child's name and date of birth is visible on every page of their record.** When you photocopy the inside of your child's immunization record, please add your child's name and date of birth to the top of the photocopy.

Student's Information

Legal First Name: _____	Legal Last Name: _____
Alternate First Name: _____	Alternate Last Name: _____
Birth date (yyyy-mm-dd): ____ - ____ - ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Health Card Number (optional): ____ - ____ - ____ - ____	School: _____

Student's Address

Unit Number: _____	Street Number: _____	Street Name: _____
Rural Route: _____	Postal Code: ____ - ____	City: _____

Legal Guardian's Information

First Name: _____	Last Name: _____	Relationship: _____
Cell phone: ____ - ____ - ____	Home phone: ____ - ____ - ____	Work phone: ____ - ____ - ____

Alternate Guardian's Information

First Name: _____	Last Name: _____	Relationship: _____
Cell phone: ____ - ____ - ____	Home phone: ____ - ____ - ____	Work phone: ____ - ____ - ____

Parent/Guardian Signature _____ Date _____

We collect, use and release your personal information under the authority of the Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 and under the Immunization of School Pupils Act, R.S.O. 1990, s. 11(1) and its Regulations. This information is collected for the purpose of assessing, keeping records and reporting on the immunization status of children going to schools in the province of Ontario. Information collected is maintained electronically in a provincial immunization information system. Questions about this collection of information should be sent to the Manager, Health Information, Privacy and Security, Durham Region Health Department, at 605 Rossland Rd E., P.O. Box 730, Whitby, ON, L1N 0B2, (905) 668-7711.



Immunization requirements for attending Ontario schools

In accordance with the *Immunization of School Pupil's Act, R.S.O. 1990*; students under 18 years of age attending school in Ontario are required to provide proof of immunization against: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, meningococcal and varicella. Varicella is only required for students born in 2010 or later. Exemptions may be granted for medical reasons or philosophical reasons (i.e. conscience or religious belief). Please contact the Health Department for more information.

The Durham Region Health Department keeps immunization records of children attending school to make sure they are up-to-date according to age and schedule. During the school year, students who are missing required immunizations will receive a notice from Durham Region Health Department to update this information. If your child's record is not up-to-date according to their age and immunization schedule, you may receive a notice from the Health Department.

Vaccinate...Then Update!

Every time your child receives an immunization, submit the updated immunization record to the school office or the Health Department directly by mail, phone or fax.

Stick to the Schedule!

It's important to follow Ontario's recommended immunization schedule to keep your child protected. **Some required immunizations may not be valid when they are given too early, or too close to one another.** Ontario's immunization schedule is available at www.Ontario.ca/page/vaccines