



**ASSOCIATION FOR CHRISTIAN SCHOOLING
IN CALGARY SOUTH**

Application for Society Membership

Family Name: _____ Father: _____ Mother: _____

Please check one: Full Society Membership Associate Society Membership

Name of Church Attending: _____

Church Address: _____

Church Phone Number: _____ Pastor: _____

Reason for wanting to register with a Christian homeschooling program: _____

Reason for leaving last school or school board: _____

I have read the by-laws, especially the Educational Statement of the Associate. I fully support the Basic Purpose, Education Statement and Principles of the Association and herewith apply for membership.

Signature(s): _____ Date: _____

** Note: Please attach the nonrefundable \$150 for full society membership or \$20 for associate society membership: make cheque payable to Roots and date it for September.

To be completed by Interviewers and Roots Homeschooling Chairman:

Recommendation for Membership: Yes: _____ No: _____ Date: _____

Interviewers' Signatures: _____

Roots Homeschooling

Committee Approval: _____ Date: _____



Mother's Statement of Faith

I Believe...

1. There is only one true God who exists eternally in three persons: Father, Son and Holy Spirit, and who is the Sovereign Creator of the entire universe.
2. The Bible, consisting of the Old and New Testaments, is the inspired and infallible Word of God, authoritative in all matters of faith and life.
3. All men are sinners and totally unable to save themselves. Only by faith in Jesus Christ can anyone receive eternal life.
4. Jesus Christ is the eternal Son of God, who became man, lived, died and rose again to atone for the sins of all who trust in Him alone for their salvation.
5. God the Holy Spirit gives Christians the daily strength and wisdom to live according to His will and to grow in holiness.

Additional Questions

1. How did you receive salvation through Jesus Christ?

2. Where are you currently at in your spiritual journey?

3. How are you presently involved in your church?

Mother's Signature: _____

Date: _____



Father's Statement of Faith

I Believe...

1. There is only one true God who exists eternally in three persons: Father, Son and Holy Spirit, and who is the Sovereign Creator of the entire universe.
2. The Bible, consisting of the Old and New Testaments, is the inspired and infallible Word of God, authoritative in all matters of faith and life.
3. All men are sinners and totally unable to save themselves. Only by faith in Jesus Christ can anyone receive eternal life.
4. Jesus Christ is the eternal Son of God, who became man, lived, died and rose again to atone for the sins of all who trust in Him alone for their salvation.
5. God the Holy Spirit gives Christians the daily strength and wisdom to live according to His will and to grow in holiness.

Additional Questions

4. How did you receive salvation through Jesus Christ?

5. Where are you currently at in your spiritual journey?

6. How are you presently involved in your church?

Father' Signature: _____

Date: _____



Pastoral Reference Form

Parents

Dear Parents,

Please complete the top of this form and then ask your pastor to complete the bottom portion. Thank you!

Parents' Name(s): _____

Children's Names: _____ Grades: _____

Pastor's Name: _____ Church: _____

Pastor

Dear Pastor,

The above family has made an application to enroll in the Roots Homeschooling program. Please complete this form and fax it to (403) 287-7605, e-mail it to office@roots-homeschooling.com or mail it to 187 Shawglen Rd, SW, Calgary, AB T2Y 1Y2. Thank you for your assistance as together, we seek to serve the needs of God's people and our Lord Jesus Christ.

Jennie Van Hooft
Roots Homeschooling Coordinator

1. Do the parents attend church regularly? Yes No
2. Do the children attend church regularly? Yes No
3. Are the parents active in church activities? Yes No
4. In a sentence or two, please indicate the applicant's commitment to Jesus Christ and His church:

5. Are you willing to work with Roots and this family should a need (problem) arise where such cooperation would benefit the student or family? Yes No
6. Any comments concerning the family that may benefit our staff? _____

7. Would you like further contact at this point by phone? Yes No Church Phone: _____
Church e-mail address: _____

Signature: _____ Date: _____



Consent Form for Personal Information

I, _____, consent to allow the Roots homeschooling program of Trinity Christian School to collect, use or disclose personal information for its operational and administrative purposes, including, but not limited to:

- Eligibility and pre-assessment
- Learning assessments
- Student counseling
- Student health and safety
- Special Events
- Student / Family liaison
- Development
- Finance Administration

I understand that Roots is subject to provincial and federal privacy legislation and has in place a policy on privacy to ensure compliance with privacy legislation and standards.

I am aware of the risks and benefits associated with consenting or not consenting to collection, and that I may revoke my consent at any time by providing a signed, written statement of revocation to the Roots office.

Signature: _____

Date: _____

In addition, I consent to allow Roots to take, collect and/or display photos of myself and/or family members for promotional purposes, as indicated below.

Yes No website

Yes No printed Roots literature used for promotion of Roots

Yes No electronic presentations at Roots and public functions

Yes No display boards at public functions such as homeschool conferences

Signature: _____

Date: _____

PIPA consents are valid until the family leaves Roots or the employee discontinues their relationship with Roots, according to the parameters of the Roots PIPA Policy. Permission may be changed or revoked at any time by providing a signed, written statement of revocation to the Roots office.



Request for Student Record

Date: _____

Dear Principal:

RE: _____
Student Name(s)

Permission is hereby granted for

Name of Previous School

Address

Phone Number Fax Number

to release the following information to the school listed below.

_____ Student Records

_____ Psychological or other individual assessments

Forward to: Roots / Trinity Christian
 #100, 295 Midpark Way SE
 Calgary, AB T2X 2A8

Parent's Signature: _____