



# Prairie Central Adventist® Academy

## PROFILE:

### CONTACT:

56 Grey Street, Winnipeg, MB, R2L 1V3  
[www.pcaa.ca](http://www.pcaa.ca)  
Admissions: (204) 667-2383  
Principal: Dr. Ian Mighty

### OVERVIEW:

Institutional Control: Private  
Religious Affiliation: Seventh Day  
Adventist School Size: Small (Up to 200  
students) Class Structure: Multi-age  
Average Class size: 20+ students

### TUITION FEES

Kindergarten: Fee  
Grades 1-8: Fee  
Grades 9-12: Fee  
Bursaries: Yes, Means Tested  
Scholarships: Yes, Merit Based

### ADMISSION:

Complete Application: Yes  
Interview Required: Yes  
Application Deadline: Open  
Admissions: September unless  
transferring into Province  
Application fee: \$75.00

### OTHER:

Bully Free Zone: Yes  
Doors Open: 8:35 a.m.  
Classes Begin: 8:50 a.m.  
Classes Dismiss: 3:15 p.m.  
Closed Campus: Yes



**OVERVIEW:** Since 1924, PCAA has enabled students to enter its halls of learning in preparation for service to the community. The school is a Manitoba Certified K-12 facility and affiliated with the Manitoba Federation of Independent Schools. It is also certified by the Accrediting Association of Seventh-day Adventist Schools as part of the National Council for Private Schools Accreditation.

**SCHOOL FOCUS:** It is important for students at PCAA to develop a personal relationship with Jesus Christ. Students are able to pursue this noble call by way of structured Bible classes, daily devotions, chapel exercises, community service projects and mission trips.

We believe that through Christ, our students can excel spiritually, academically, physically and socially. Realizing that strong foundations are critical for future success, we annually emphasize literacy, numeracy, values and virtues.

**LOCATION:** The Academy is situated approximately 5 minutes from downtown Winnipeg; a cosmopolitan city located near the longitudinal centre of North America, at the confluence of the historic Red and Assiniboine Rivers.

**STUDENT BODY:** Cultural diversity abounds on the campus of Prairie Central Adventist Academy. This is reflective of the cultural make-up of the city of Winnipeg.

**FACULTY:** A dedicated and committed staff who relate to the students in a caring and family-like atmosphere that emphasizes academic excellence. All teachers are Manitoba Certified and hold a minimum of a Bachelor's Degree in Education. Motivation and academic stimulation characterize the one-on-one interaction of staff with students as they share and model Christian ideals.



## ACADEMIC PROGRAM

### Regular Instructional Program

- Languages - English, English as a Second Language, and Basic French
- Mathematics, Science and Technology
- Arts – Music and Visual Fine Arts
- Social Studies, Health and Physical Education

### Special Education Program

The school is equipped to meet the needs of a limited number of students with academic and or behavioral challenges. With this in mind less than ten percent of students with these challenges are admitted to the program. There is access to the Winnipeg Child Guidance Clinic which provides the services of a Reading Clinician, Speech and Language Pathologist, Psychologist and Social Worker.

## STUDENT ASSESSMENT

- Assessment for new students
- Annual Canadian Assessment Test (CAT)
- Grade 3 Assessment
- Grade 7 & 8 Middle Years Assessment

## EXTRA CURRICULAR PROGRAM

- Academic Challenges
- Community Service Opportunities
- Music Concerts/Performances
- Visual Fine Arts
- Winter Fun Day
- Field Trips
- Year Book
- Student Council
- Public Speaking Opportunities

### Intramurals

- Badminton
- Basketball
- Soccer
- Volleyball

### Athletic Teams--based on level of interest

- Basketball
- Badminton
- Volleyball

### Community Based Service Projects:

- Annual Terry Fox Run in aid of Cancer Research
- Jump Rope for Heart in aid of Manitoba Heart and Stroke Foundation
- ADRA (Adventist Development and Relief Agency) International aid
- Jump Rope for Heart in aid of Manitoba Heart and Stroke Foundation
- Read for Charity
- Winnipeg Harvest Food Drive

## AWARDS & SCHOLARSHIPS:

**Principals Honor Roll:** Awarded to students whose academic average qualifies them for Gold, Silver and Bronze standings.

**Male and Female Athletes of the Year** - Awarded to students with good attitude, sportsmanship and all around good athlete.

**Student of the Year:** Awarded to student who displays helpful, polite attitude; who works hard, follows direction and is respected by peers and teachers.

**Christian Citizenship Award:** Awarded to the student who displays Christian leadership and example.

**Band Award:** Awarded to a band student who has shown musical ability and growth.

**Scholastic Challenge Award:** Awarded to a grade 7/8 student who achieves the highest scores in the yearly Scholastic Challenge.

**Jennifer Pieper Memorial Scholarship:** Awarded to a student who displays the characteristics that Jennifer Pieper demonstrated in her young life.

**PCAA Scholarship:** Awarded to a returning student whose parents sacrifice to have them attend PCAA.

**Love Scholarship:** Awarded to each of two students in Grade 9 with the highest and second highest academic standing in their class.

**Honor Roll Award:** Awarded to Grade K-6 students based on their behavioral achievement throughout the school year.

**Scholar Roll Award:** Awarded to Grade 7-12 students based on their Academic behavioral achievement throughout the school year.

**Gem Gazan Grade 10 Attendance Scholarship:** Cash award to the students who has attended PCAA the most number of years in their graduating class.

**Caring Heart Award:** Plaque and \$500.00 cash award to secondary students who have demonstrated a personal commitment to active participatory service and witnessing activities and programs.

**Dr. Sudesh Ebenezer Scholarship:** A \$1000.00 cash scholarship awarded to the student with the highest academic standing in the graduating class.

**MB-SK Conference Award:** A \$1,000.00 scholarship is awarded to a grade nine or ten who demonstrates spiritual leadership and professional potential."

**Health-care Achievement Scholarship:** A \$1000.00 cash scholarship awarded to two high achievers in Mathematics, Health and Science.

This personal information is being collected under the authority of the Public School Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of the of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Principal at (204) 667-2383.

APPLICATION DATE: \_\_\_\_\_

School Year 20 - 20

- 1. Complete application form
- 2. Complete finance form - one per family
- 3. Copy of last report card
- 4. Photocopy of birth certificate and/or immigration form
- 5. Photocopy of Child Custody Agreement form- if applicable
- 6. Reference(s)/Recommendation (Pastoral & Teacher)
- 7. Authorization for Exchange of Information Form
- 8. Parent Volunteer Form (if applicable)
- 9. Permission to Photograph & Video-tape Form
- 10. Computer/Internet Acceptable Use Form
- 11. New Student Application fee- **\$75.00**

**STUDENT PERSONAL INFORMATION**

Entering Grade \_\_\_\_\_

Last Name \_\_\_\_\_ Given Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female  
Day Month Year

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Religious Background: Are you a Seventh-day Adventists? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of SDA Church \_\_\_\_\_

If No: What is the name of the Church that you attend: \_\_\_\_\_

Last School Attended & Address \_\_\_\_\_

In which School Division do you reside? \_\_\_\_\_

- Canadian Citizen  Landed Immigrant (New students-provide proof of landed status)
- Other Specify \_\_\_\_\_

**FAMILY INFORMATION**

Name of Mother \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal Guardian? Yes No

Employer \_\_\_\_\_ Baptized SDA Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Father \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal Guardian? Yes No

Employer \_\_\_\_\_ Baptized SDA Member? Yes \_\_\_\_\_ No \_\_\_\_\_

**CUSTODY:** Are there any legal restrictions to this child? Yes \_\_\_\_\_ (A copy of legal documents must be filed at school) No \_\_\_\_\_

Brothers and/or Sisters

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Upon transfer/withdrawal of a student, the pupil file will be forwarded to the next school of attendance.

## EMERGENCY & MEDICAL INFORMATION

This medical/support services information is being collected so that appropriate health care plans/educational services may be developed and may be necessary to obtain funding. This information will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act and the Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.

Student's Manitoba Personal Health I.D. No. \_\_\_\_\_ Registration No. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Questionnaire** (Please complete the following, specify "yes" if physician diagnosed.)

1. Life Threatening Allergy      Yes No      If yes, please specify \_\_\_\_\_

2. Prescribed an EpiPen    Yes No      5. Diabetes      Yes    No

3. Asthma (Puffer)      Yes No      6. Heart Condition      Yes    No

4. Bleeding Disorder      Yes No      7. Seizure Disorder      Yes    No

8. Other significant conditions that are physician diagnosed (i.e. ulcerative colitis, crohns, transplants, spina bifida, arthritis, permanent physical limitations, any medications (attach list if necessary)).

\_\_\_\_\_

Authorization for administering regular strength Tylenol to student upon request    Yes No

### SUPPORT SERVICES

Resource     School Counselor     Reading     Psychology     Psychiatry

Occupational Therapy     Physiotherapy     Social Work

Speech & Language     Other \_\_\_\_\_

If any services above are checked (X), please complete details below:

Name of Agency/Support Service: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Briefly describe the reason for service: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT: I/We have received a copy of the PCAA Handbook and have agreed to the admission procedures and other rules, policies and requirements described within. In the event that my/our son/daughter named above is accepted for enrollment at PCAA, I/We:**

- a. agree to be responsible for the fees and expenses as outlined in the PCAA Handbook; give permission for my/our son/daughter to go on *field trips* (no longer than one school day) with the classes at PCAA during the school year. I understand that I will be notified by correspondence sent home with my child of each upcoming field trip and costs involved;
- b. authorize the school to send, upon request, the *permanent records* to the next school to which my child may enroll and to receive such records from another school;
- c. agree to co-operate with the school in promoting the philosophy and principles of conduct as outlined in the PCAA Handbook;
- d. certify that all the above statements in this application form are true and correct to the best of my knowledge, knowing that willfully withholding or misrepresenting information may result in refusal of admission or of dismissal from the Academy.

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

**STUDENT AGREEMENT:** I agree with the principles of conduct in practice at PCAA. By enrolling at PCAA I will endeavor to learn to serve both God and man. This school program is one I believe in and feel I can support. If accepted, I hereby agree to obey the regulations of the school and to cooperate with the faculty, staff and administration in upholding the standards of the institution as outlined in the PCAA Handbook and as announced by administration, and to make PCAA a positive experience for all.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Office Use Only \_\_\_\_\_

Application Received on this Date: \_\_\_\_\_



# Prairie Central Adventist Academy

## PCAA Computer/Internet Responsible Use Agreement

**The computer network system and peripherals are the property of PCAA. Your agreement with the following rules will help us to be fair to others and keep everyone safe.**

1. I will only use my own network login and password.
2. I will not look at, change or delete other people's files.
3. I will not bring in my personal software, laptop or personal digital devices for attachment to a computer without permission. **I will also not use these devices during a class.**
4. I will ask permission from my homeroom teachers before using a computer and before accessing the Internet.
5. I will tell the teacher if I see a problem with any computer.
6. I will not download software from the Internet nor distribute obscene and copyrighted materials over the network.
7. I understand that games should not be played in class. Although students may play educational games during free time, the permission of a teacher is required. If while permitted to play a game, a student must yield the computer to another student who would like to use it for legitimate work.
8. I understand that (laptops, chromebooks) are the school's property and are not allowed to be taken home or used outside the school building unless by permission of the school administration.
9. I will not give my address or phone number online.
10. I will only e-mail people my teachers have approved.
11. I will be respectful of the feelings of other users.
12. I will not use Internet chat unless supervised by a teacher for collaborative educational use.
13. I will tell a teacher immediately if I see anything I am unhappy with or if I receive messages I do not like.
14. I understand that the school may check my computer files and the Internet sites I visit.
15. I will not shoot and or publish photographs of the school, students and teachers without first obtaining their permission.
16. I will not eat or drink while operating a computer at PCAA.
17. I will handle all computers with respect and care.
18. I will promptly return a (laptop, Ipad and or Chromebook) device to the mobile cart for charging after I use it.
19. **I understand that if I deliberately break any of these rules, I may not be allowed to use the computers or the internet at PCAA.**

**The school may exercise its right to monitor the use of the school's computer network systems, including access to web-sites, the interception of e-mail and the deleting of inappropriate materials where it believes unauthorized use of the school's computer system is or may be taking place, or may be used for harmful or criminal purposes or for storing harmful, unauthorized or unlawful text or imagery.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parents are to sign & date for Kindergarten to Grade 2 Students

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Prairie Central Adventist<sup>®</sup> Academy

Dear Parent Partners:

## **Permission to Photograph Your Child - Consent Form**

As part of our school activities, we take photographs or recordings of the children to record their learning and progress. These could be individually or in groups. These photographs often form the record of a learning activity and are used to record a child's learning and progress. Additionally we use these to record achievement and to celebrate achievements within the school.

However, we also may wish to use these images in other ways:

- school displays
- school publicity material
- school website & Social Media Platforms
- School Yearbook
- local or national media

To comply with Privacy Laws, we need your permission before we can photograph or make any recordings of your child to use in this way.

Please sign and complete the form overleaf and return to the school. If you ever need to withdraw consent for any reason, please do so in writing.

Yours sincerely

*ian mighty*

Ian W. Mighty  
Principal

## **Permission to Photograph/Videotape Your Child - Terms and Conditions**

1. This form is valid for the period your child attends this school. If you have given appropriate consent, some images of your child may be used after this time in publicity material and on the school website. If you wish these images to be withdrawn after your child leaves the school please contact us in writing.
2. Consent can be withdrawn at any time by contacting the school in writing.
3. The images we take will be of activities that show the school and children in a positive light. Images may also be taken of children in Chapels, church programs and for receiving school awards.
4. We may use group or class photographs or footage with very general labels e.g. 'science lesson'.
5. If we use photographs of individual pupils on the website or in publicity material, we will not use the name of that child in the accompanying text or photo caption. If we name a pupil in the text, we will not use a photograph of that child to accompany the article.
6. If a child has won an award and the parent would like the name of their child to accompany their picture we will obtain explicit permission from the parent before using the image.
7. We will make every effort to ensure that we do not allow images to be taken of any children for whom we do not have permission or who are 'at risk' or disallowed from having their photographs taken for legal or social reasons.
8. We will take all reasonable measures to ensure the images are used solely for the purposes for which they are intended and not passed on to any third party websites or publishers. However, we cannot guarantee this and take no responsibility for the way images are used by other websites or publishers or for any consequences arising from publication where images have been used without our consent.

***Please note that websites can be viewed throughout the world and not just in the Canada where Canadian law applies. In giving your consent, you understand that images may be used in printed and electronic form.***

## Permission to Photograph/Videotape Your Child

Please complete the form below, sign and date and return with your Re-Registration Package.

I confirm that I have read and understood all school terms and conditions and that I agree to abide by their use.

Name of Child	Class
Name of Parent/Guardian (please print clearly)	
Signature of Parent/Guardian	Date

It is important to tick all boxes that apply. Where forms are incomplete we will assume permission has not been given.

Type of Consent	Yes	No
I give my permission for my child's image to be used to record their learning - Learning Journeys (both paper copies and online) and children's books – either their own or belonging to other children (if in a group photograph).		
I give consent for my child's photograph to be used within the school for display purposes.		
I give permission for my child's photograph to be used on the school website and for school publicity materials such as the school brochure.		
I give permission for my child's photograph to be used in local and/or national media.		

You may withdraw consent at any time by writing to the School Principal

### Video Filming and Photography during School Productions

During school productions we accept that many parents may wish to photograph or film their child. However, all parents must agree to the following terms and conditions:

- All photography and filming is for personal use only and must not be shared with external agencies.
- Video or photography from school events must not be shared on any form of social media.

I understand that if I film my child during any school productions, I am agreeing to the Schools Terms and Conditions especially regarding the use of social media.

Signature of Parent/Guardian	
Date	





56 Grey Street, Winnipeg, Manitoba, R2L 1V3, Tel: (204) 667-2383 Fax: (204) 667-1396 www.pcaa.ca

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**Authorization for Exchange of Information & Release of School  
Records (This form applies to Nursery to Grade K-12)**

**I hereby authorize:**

1. (The name of the School/Daycare from which your child is transferring: \_\_\_\_\_)
2. (The name of the School/Daycare from which your child is transferring: \_\_\_\_\_)
3. (The name of the School/Daycare from which your child is transferring: \_\_\_\_\_)

To exchange information concerning all academic, resource and related files, including all support and diagnostic reports on our child:

1<sup>st</sup> Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

4<sup>th</sup> Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

***With Prairie Central Adventist Academy, 56 Grey Street, Winnipeg, Manitoba, R2L 1V3, 204-667-2383***

PARENT/LEGAL GUARDIAN (Print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_