



CHRISTIAN HERITAGE SCHOOL

2025 26th Street, Brandon, Manitoba, R7B 3Y2
Phone (204) 725-3209, Fax (204) 728-9641
Email office@chsbrandon.ca, www.chsbrandon.ca

Together building a caring, Christian, learning community that is dedicated to training minds, inspiring hearts, and shaping character, to equip our students for a life of passionate faith, pursuit of excellence, and joyful service to the Lord Jesus Christ.

2012/2013 STUDENT APPLICATION FORM

Thank you for your interest in Christian Heritage School of Brandon. We are a non-profit, non-denominational private school committed to providing an open, inclusive, and safe learning environment for children. As an independent Christian school, partial government funding is combined with private tuition fees to provide a quality education. The family tuition for 2012/2013 is as follows:

Kindergarten	\$1580/year	\$158/month*
1 Student	\$3690/year	\$369/month*
2 Students	\$5300/year	\$530/month*
3 or more Students	\$5970/year	\$597/month*

*A 7% discount is given if full tuition for the year is paid by June 29, 2012.

*A 5% discount is given if full tuition for the year is paid by September 7, 2012.

The CHS Society sincerely desires that every family who is committed to Christian education for their child should have the opportunity to attend, regardless of financial need. Therefore, CHS has a special **Tuition Assistance Fund** to help in such cases. Simply fill out a short form and submit it along with your application to determine your personal tuition amount. The form can be downloaded at www.chsbrandon.ca/TuitionAssist.pdf

If you need help filling out this application or have questions about any part of it, please don't hesitate to contact us. We are always happy to assist you.

Once you have completed this form, please return it with a non-refundable fee of \$25 to
Christian Heritage School, 2025 26th Street, Brandon, Manitoba, R7B 3Y2

We will contact you shortly after the application is received to set up an interview with your family.

Thank you for applying to CHS and we look forward to serving you and your family in the future.

For His Kingdom,
Bryan Schroeder
Principal, Christian Heritage School

How did you hear about CHS? _____

Student Information

Gender Male Female

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ PC _____

Home Phone _____ Email _____

Birth Date (mm/dd/yyyy) _____ Present Age _____

Desired Start Date (mm/dd/yyyy) _____ Entering Grade _____

Student lives with Father & Mother Father Mother Other _____

Birthplace _____ Home Language _____

Citizenship Status Canadian Citizen Date of entry if not born in Canada (mm/dd/yyyy) _____

Permanent Resident Date of Entry (mm/dd/yyyy) _____

Refugee Date of Entry (mm/dd/yyyy) _____

Study Permit (International Student) Date of Entry (mm/dd/yyyy) _____

Permit Expires (mm/dd/yyyy) _____

Parent Information

Father's Name _____ Cell Number _____

Father's Workplace _____ Work Phone _____

Mother's Name _____ Cell Number _____

Mother's Workplace _____ Work Phone _____

Family Information

Applicant's Brothers and/or Sisters

Name _____ Birthdate _____ Grade _____

Name _____ Birthdate _____ Grade _____

Name _____ Birthdate _____ Grade _____

Name _____ Birthdate _____ Grade _____

Previous School Information

Name of current or most recent school _____

Address _____

School Division _____ MET Number* _____

School Phone _____ Teacher's Name _____

Principal's Name _____ Highest Grade Passed _____

* A MET number is your child's Manitoba Education Tracking number. It likely can be found on his or her report card, or from the administrative office of the school your child attends. If you are new to Manitoba, please leave this blank.

If you are accepted to CHS, do we have permission to obtain school files for this student? Yes No

Please Sign _____

Medical Information

If possible, please provide a copy of your child's immunization record.

MB Family Medical Number (6) _____ Personal Health ID Number (9) _____

Please state any medical conditions that CHS should be aware of (i.e. allergies, asthma, etc.).

In the event that I cannot be reached to make arrangements for emergency medical treatment at the time of an accident, I hereby authorize Christian Heritage School to consult with the following doctor:

Doctor's Name _____ Location _____ Phone _____

In the event of a serious accident or medical condition, I hereby authorize Christian Heritage School to call an ambulance to provide first aid and transportation to Brandon Regional Hospital for treatment.

Signature of Parent or Guardian

Signature of Parent or Guardian

Additional Comments or Information

Family Questionnaire

The following questions are designed to help us know more about your family. All information is held in strict confidence and is available only to Board members and administrative staff. If, however, for personal reasons, you do not wish to answer any of the questions, please leave them blank and proceed with the application.

1. What are your reasons for applying to send your child(ren) to Christian Heritage School?

2. What is your church affiliation? _____

3. In what church activities do you and/or your family actively and regularly participate?

4. Please list a few questions you would like us to answer at interview time.

Signatures: *I am confident that, to the best of my knowledge, the information given above is correct and true.*

Signature of Parent or Guardian

Signature of Parent or Guardian

Personal information contained in this application will not be used for purposes other than expressed. It is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* (including, but not limited to section 37) and *The Personal Health Information Act* (including, but not limited to Part 3, Division 1). If you have any questions about the collection of this information, contact the administration office of CHS at (204) 725-3209.

Office Use Only

Application Received	Date _____	Student Number	Date _____
Interview Conducted	Date _____	Materials Forwarded	Date _____
Student Accepted	Date _____	CUM File Obtained	Date _____