**CHRISTIAN HERITAGE SCHOOL**

STUDENT APPLICATION FORM 2025-2026

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| 2025 26TH street, Brandon, MB R7B 3Y2  204-725-3209 Fax: 204-728-9641 | | | **Office use only – Application fee payment**  **\_\_\_\_ Cash \_\_\_\_E-transfer**  **\_\_\_\_ Debit \_\_\_\_ Cheque**  **\_\_\_\_ Credit**  **Date submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PLEASE**  **SUBMIT:** |  | Copy of Birth Certificate and Photo – **NEW students only**  Copy of Latest Report Card – **NEW students only**  Copy of Permanent Resident Card – **NEW students only** |
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| **Student 1:** (list oldest student first) New Student: 🞎 Applying for Grade: \_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (legal Last) (legal first) (legal middle) (Preferred name)  Gender: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  M/F DD MM YYYY 9 Digit Health ID # 6 Digit Family ID #  Language(s) spoken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Kindergarten, indicate Mornings only or Full Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Citizenship Status: 🞎 Canadian Citizen Date of entry if not born in Canada (dd/mm/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Visitor Visa Expiry Date (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Permanent Resident Date of Entry (dd/mm/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Refugee Date of Entry (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student lives with: 🞎 Father & Mother 🞎 Father 🞎 Mother 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Life Threatening?🞎 Epi-Pen?🞎  Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asthma? 🞎 Inhaler? 🞎  Other relevant medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Previous School Information: (NEW Students Only)** Check if applying as an International Student 🞎  Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last grade completed: \_\_\_\_\_\_\_\_\_\_\_\_ \*MET Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*A MET number is your child’s Manitoba Education Tracking number. It can be found on his/her report card, or from the administrative office of the school your child attends. If you are new to Manitoba or have a child entering kindergarten, please leave this blank.  Has student received (Please provide details on a separate paper):  🞎 Resource/Special Ed Services 🞎IEP/AEP (please attach) 🞎 Behaviour Support/BIP 🞎 Level 2 or 3 Support  🞎 Counselling 🞎 Gifted/Enrichment 🞎 Formal Assessment (eg. Psychology, Speech, Physical therapy, etc.)  🞎 Reading Recovery Support 🞎 Social Work 🞎 Occupational Therapy 🞎 Outside Agency  🞎 Professional Clinical Diagnosis (attach)  **If any services above are checked, please attach an additional sheet with the NAME of agency, NAME of contact person, PHONE number of contact person and a brief description of the reason for the service.** |

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| **Indigenous Identity Declaration: (Voluntary)**  Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuit?  Note: First Nation (North American Indian) includes Status and Non-Status Indians.  If yes, mark the square(s) that best describe(s) your child here: 🞎 Yes, First Nation (North American Indian)  🞎 Yes, Métis 🞎 Yes, Inuit  **If you have chosen to answer yes, please fill out the Indigenous Identity Declaration form.** |
| Office use only: 🞎 Non-refundable App Fee 🞎Birth Certificate/Perm Res card 🞎 Report card 🞎 TA 🞎 EAL Language competence assessment |

**Parent/Guardian Information:** (Please advise the school of changes to your contact information)

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| **Father** 🞎 Guardian 🞎 First and Last Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Cell Phone Home Phone Work Phone Email Address  Citizenship Status: 🞎 Canadian Citizen 🞎 Permanent Resident 🞎 Refugee or hold a Work Permit or Study Permit  The following address is Student’s:  🞎 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Secondary Neither Mailing Address City Postal code  Church Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance is: Rare 🞎 Occasional 🞎 Regular 🞎 |
| **Mother** 🞎 Guardian 🞎 First and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Cell Phone Home Phone Work Phone Email Address  Citizenship Status: 🞎 Canadian Citizen 🞎 Permanent Resident 🞎 Refugee or hold a Work Permit or Study Permit  The following address is Student’s:  🞎 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Secondary Neither Mailing Address City Postal code  Church Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance is: Rare 🞎 Occasional 🞎 Regular 🞎 |

\*\*\*If there is a custody agreement in place, please attach a copy to this application.\*\*\*

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| **Person responsible for payment:** If this changes during the year, please provide written notice to the office of the new arrangements  Both Parents 🞎 Father 🞎 Mother 🞎 Guardian 🞎 Business 🞎 Other 🞎 Please provide name and address if not included above  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First and Last Name Mailing Address City Postal code  Payment applies to: 🞎 Tuition 🞎 Band fees 🞎 Before and After school fees 🞎 School supply/lunch fee  **\*The individual/business identified will be issued a donation receipt**  **Preferred method of payment:** Post-Dated cheque 🞎 Pre-authorized Debit Agreement 🞎 E-transfer 🞎 |

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| **Emergency Contact Information: (Must be different from the parent/guardian listed above.)**  Emergency Contact 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Daytime Phone Cell Phone Daytime Phone Cell Phone |

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| **Parental/Guardian Agreement:** Please put your **INITIALS** beside each statement you agree with. **DO NOT USE CHECKMARKS** | |
| Please read the following and indicate your agreement by signing at the bottom. | |
|  | I have read the Christian Heritage School Constitution and By-Laws completely (found at www.chsbrandon.ca) |
|  | I agree to allow my child/children to be taught according to the Christian Heritage School Statement of Faith |
|  | I agree to support Christian Heritage School’s principles including the Code of Conduct, Attendance and dress code |
|  | I agree to actively involve myself in the academic success of my child by monitoring homework and communicating with teaching staff. |
|  | I agree to submit all required payments or have made an appointment with the Financial Services regarding payment |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father/Guardian Date Mother/Guardian Date | |