

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.

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)

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.

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

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
_____	_____	_____	_____

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.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I have read the Christian Heritage School Constitution and By-Laws completely (found at www.chsbrandon.ca) |
| <input type="checkbox"/> | I agree to allow my child/children to be taught according to the Christian Heritage School Statement of Faith |
| <input type="checkbox"/> | I agree to support Christian Heritage School's principles including the Code of Conduct, Attendance and dress code |
| <input type="checkbox"/> | I agree to actively involve myself in the academic success of my child by monitoring homework and communicating with teaching staff. |
| <input type="checkbox"/> | I agree to submit all required payments or have made an appointment with the Financial Services regarding payment |

_____	_____	_____	_____
Father/Guardian	Date	Mother/Guardian	Date