**CHRISTIAN HERITAGE SCHOOL**

STUDENT APPLICATION FORM 2024-2025

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| 2025 26TH street, Brandon, MB R7B 3Y2204-725-3209 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 🞎 Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone Home Phone Work Phone Email Address Citizenship Status: 🞎 Canadian Citizen 🞎 Permanent Resident 🞎 Refugee or hold a Work Permit or Study PermitThe following address is Student’s: 🞎 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Secondary Neither Mailing Address City Postal codeChurch Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance is: Rare 🞎 Occasional 🞎 Regular 🞎 |
| **Mother** 🞎 Guardian 🞎 Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone Home Phone Work Phone Email Address Citizenship Status: 🞎 Canadian Citizen 🞎 Permanent Resident 🞎 Refugee or hold a Work Permit or Study PermitThe following address is Student’s: 🞎 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Secondary Neither Mailing Address City Postal codeChurch 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 arrangementsBoth Parents 🞎 Father 🞎 Mother 🞎 Guardian 🞎 Business 🞎 Other 🞎 Please provide name and address if not included above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First and Last Name Mailing Address City Postal codePayment 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 |