



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.

2024/2023 INTERNATIONAL 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.

International Student \$13000/year \$1300/month

A discounted rate of \$12,090 is given if full tuition for the year is paid by June 30, 2024.

Tuition fees are subject to change once the 2024-2025 budget has been approved

CHS accepts international students on a continual basis throughout the year.

In order to apply, you must submit the following documents with this application:

- A valid passport
- A valid study permit from Citizenship & Immigration Canada

(The study permit must be submitted before the first day of school attendance as we understand you must have an acceptance letter before applying for a study permit)

Once your application is reviewed, we will contact you for a meeting with the school principal and two board members. After the board has approved your application, we will issue a letter of acceptance and the visiting student will be able to attend classes. You will be required to provide proof of mandatory health coverage from Manitoba International Students Health Insurance Plan (MISHIP). Please contact the school for more information.

Again, thank you for considering Christian Heritage School. If you need assistance with this application, please contact the school. We look forward to working with your family.

Student Information

Gender Male Female

Family Name _____ Given Name _____

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

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

Birthplace _____ Home Language _____

Home Mailing Address _____

Phone _____ Email _____

While in Canada, this student will be living with _____

Relationship _____

Brandon Address _____

Phone _____ Cell _____

Work _____ Work Phone _____

MANDATORY STUDY PERMIT

Does this student have a valid study permit through Citizenship and Immigration Canada? Yes Not Yet

If yes, please provide a copy of a letter of acceptance and/or valid visa permit.

Date of Entry (mm/dd/yyyy) _____ Date the Permit Expires (mm/dd/yyyy) _____

Notes: _____

MANDATORY MANITOBA HEALTH INSURANCE

Does this student currently have Manitoba International Student Health Insurance? Yes Not Yet

If yes, please provide a copy of a letter of acceptance from MISHIP.

MISHIP # _____

Date Coverage Begins (mm/dd/yyyy) _____ Date Coverage Ends (mm/dd/yyyy) _____

Notes: _____

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

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 _____