



Steinbach Christian High School
 50 PTH 12 North
 Steinbach, MB R5G 1T4
 Phone: 326-3537
 Fax: 326-5164
 Email: schs@schs.ca
 Website: schs.ca

Middle Years Application Form (5-8)

For Office Use Only
 Date Received: _____
 \$25 Application Fee: _____

The following items must be provided before this application can be fully processed:

- \$25 non-refundable application fee
- A copy of your latest academic report
- A short description of why you wish to attend SCHS
- Written answer to this question: How is God important to you?
- A recent photo of applicant
- Two completed Character Reference Forms *(Blank Character Reference Forms are included in this package. Invite two adults, who have a significant knowledge of the applicant but are not immediate family, to complete the forms.)*
- One completed Teacher Reference Form *(The Blank Teacher Reference Form is included in this package. Invite a current teacher to complete the form.)*
- Completed & signed Request for Resource File Letter *(This form letter is attached to this application and should remain attached. If the applicant is accepted to attend SCHS, we will forward the completed form letter to the previous school at that time.)*

* **Please note:** The Student Handbook appears in its entirety within the School Information Handbook, which is enclosed in this package, as well as in the Student Agenda which students receive at the start of the school year. The School Information Handbook can also be found on our website. schs.ca

Please note: Financial Assistance Applications are available at the office or from our website. schs.ca

First Name: _____ Home Phone: _____

Middle Name: _____ Birth Date: _____
Month/Day/Year

Last Name: _____

Mailing Address: _____ City: _____

Name of Parents/Guardians: _____ Postal Code: _____

Father's Workplace: _____ Mother's Cell: _____

Father's Workplace Phone: _____ Father's Cell: _____

Mother's Workplace: _____ Who has legal custody:

Mother's Workplace Phone: _____ Parents Mother

Parent's Email Address: _____ Father Other

MB Health #s: _____ How do you rate your health?
9 Digit 6 digit Fair Good Excellent

Other Emergency Contact: _____ Phone: _____

Do you have any of the following: diabetes, heart disease, epilepsy, asthma or other health concerns? Yes No *(If yes, please attach details on a separate paper.)*

Allergies: _____

Medications used frequently: _____

Dietary restrictions: _____

Physical restrictions: _____

Current School: _____ Current School Division: _____
(If currently attending Home School or a school outside Manitoba, please complete the boxed section below)

Division In Which You Reside: _____ Current Grade: _____ Applying For Grade: _____

Have you ever been suspended or expelled? _____ Semester: Fall Spring
Yes No *(If yes, provide details on a separate paper.)*

Will you have siblings at SCHS?
Yes No *(If yes, provide their name/s below.)*

Are you currently funded to receive additional education assistance or are you currently in an adapted program? Yes No
(If yes, provide details on a separate paper)

For current Home School students and Out of Province students ONLY

Have you attended a Manitoba school in the past? Yes No *If yes, complete the following*

Name of the last Manitoba school attended: _____

Name of the school division: _____

Please provide a copy of the applicant's Immunization Record with this application.

Church currently attending: _____

Denomination of Church: _____

We require a response to the following statements. Please check the applicable box:

I grant permission for the school to display my child's picture on school bulletin boards, the school website, in school newsletters, school yearbooks, and promotional material. Yes No

I grant permission for the school to transport my child by private vehicle to school sponsored activities when necessary. Yes No

I grant permission for my child to have Internet access within the guidelines as stated in the Internet Usage Policy printed in the Student Handbook*. Yes No

Parent/Guardian Signature: _____

Statement of Commitment

In deciding to attend SCHS, I am making a commitment to accept the general objectives of the school and to become an active participant based on these objectives. I understand that my failure to comply with these guidelines as outlined in the Student Handbook*, may result in disciplinary action.

Student Signature: _____

In deciding to send my child to SCHS, I am making a commitment to accept the general objectives of the school and to help my child become an active participant based on these objectives. I understand that my child's failure to comply with these guidelines as outlined in the Student Handbook*, may result in disciplinary action.

Parent/Guardian Signature: _____

Date: _____

Name of current school

Address of current school

City, Province

Postal Code

To Whom It May Concern:

My child _____, is enrolled at Steinbach Christian High School
Student's full name printed
for this coming fall. If you have a resource file for my child, I _____
Parent's name printed
request that you forward his/her resource file to:

**Steinbach Christian High School
50 PTH 12 N.
Steinbach, MB R5G 1T4**

Thank you for your prompt attention to this matter.

Sincerely,

Parent Signature



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Teacher Reference Form

The student named below has applied to attend Steinbach Christian High School. Please complete this form and return it to us as soon as possible. All information provided will be held in strict confidence. Thank you for your assistance.

Student: _____ **Current Grade:** _____ **Date:** _____

Teacher: _____ **School:** _____

Phone Number: _____ **Signature:** _____

Academic

Grade Level

Reads text fluently

Below At Above

Comment: _____

Reads orally with expression

Below At Above

Comment: _____

Comprehends written material

Below At Above

Comment: _____

Written expressions

Below At Above

Comment: _____

Computation skills

Below At Above

Comment: _____

Interprets graphs and charts accurately

Below At Above

Comment: _____

Understands Math concepts

Below At Above

Comment: _____

Demonstrates understanding of Word Problems

Below At Above

Comment: _____

Memory and learning rate

Below At Above

Comment: _____

Behaviour

Completes tasks/assignments in allotted time

Below At Above

Comment: _____

Continue on other side...

Grade Level

Pays attention in class

Below At Above

Comment: _____

Understands and follows instructions

Below At Above

Comment: _____

Focuses on task without being distracted

Below At Above

Comment: _____

Community

Gives support to others

Below At Above

Comment: _____

Accepts support from others

Below At Above

Comment: _____

Participates in group activities

Below At Above

Comment: _____

Demonstrates respect for self and others

Below At Above

Comment: _____

Shows age-appropriate maturity when handling problems with others

Below At Above

Comment: _____

Is this student funded? Yes No

If yes, please indicate the level of funding: Level II Level III

Please describe any additional academic supports currently provided:

Further Comments



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Reference Form

(not immediate family member)

The student named below has applied to attend Steinbach Christian High School. Please complete this form and return it to us as soon as possible. All information provided will be held in strict confidence. Thank you for your assistance.

Applicant: _____ **Date:** _____

Name of Reference: _____ **Phone Number:** _____

Relationship to Applicant: _____ **Signature:** _____

How long have you known the Student? _____

Please indicate your perception of the applicant with regard to the characteristics listed below. If you indicate poor for any characteristic, please give a more detailed explanation in the section provided for further comments on the other side of this form.

Physical ability	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Intelligence	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Emotional stability	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Integrity	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Spiritual maturity	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Friendliness	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Responsibility	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Cooperation	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Consideration	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Leadership	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Attitude to authority	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Work habits	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor

1. What special contributions do you feel the applicant would make to the SCHS environment?

2. Do you feel the applicant has a vital relationship with Christ as his/her personal Saviour?

3. Does the applicant have any problems or habits that you think we should be aware of, as it could relate to their SCHS experience?

Continue on other side...

4. As far as you are aware, during the last year has the applicant consumed any drugs (tobacco, alcohol, marijuana, etc.)?

5. Provide any information concerning home conditions or family background, which you feel SCHS should be aware of.

6. If you wish to discuss this reference further over the phone, please indicate your desire here.

Further Comments



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Emotional stability	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Integrity	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Spiritual maturity	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Friendliness	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Responsibility	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Cooperation	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Consideration	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Leadership	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor
Attitude to authority	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor	Work habits	<input type="radio"/> Exceptional <input type="radio"/> Average <input type="radio"/> Poor

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