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| <u>For Office Use Only</u> Date: Received _____ \$125 Deposit _____ |
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Steinbach Christian High School

International Application for Admission

50 PTH 12 N. Steinbach MB R5G 1T4
Phone 204-326-3537 Fax 204-326-5164

Email: schs@schs.ca Website www.schs.ca

Name in full _____

Address _____
Last First Middle

Birth Date _____ Home Phone # _____
Street Box City Postal Code

Current Grade _____ Name of Parents or Guardians _____
Mo/Day/Year

Mother's Cell # _____ Father's Cell # _____ Parent's E-mail Address _____

Father's Work Place _____ Father's Work Phone # _____

Mother's Work Place _____ Mother's Work Phone # _____

Name of Other Emergency Contact _____ Phone # _____

Name of Current School _____

Grade Applied For: _____ Semester applied for: Fall Spring

Will you have siblings attending SCHS this coming fall? Yes No

If yes, please provide their name/names? _____

Medical history: How would you rate your health? Excellent Good Fair Poor

- Have you had any of the following: allergies, diabetes, heart disease, epilepsy, asthma, or rheumatic fever? Please describe the nature of illness:

- Medications used frequently _____

- Dietary restrictions _____

- Restrictions regarding participation in sports or other physical activities:

Have you ever been suspended or asked to discontinue school? Yes No

Do you attend a church? Yes No

If yes,

_____ *Please name Church Attended*

_____ *Denomination*

_____ *Pastor*

Character References:

Your application must include a letter of reference from your current school's principal

Please check the applicable box.

- Yes No The school has permission to display my child's picture on school bulletin boards, school Newsletters, school Yearbook, school Website and promotional material.
- Yes No The school has permission 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.

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 too 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 the guidelines as outlined in the Student Handbook* may result in disciplinary action.

Parent/Guardian Signature _____

Applications will not be processed until all required documents have been received. Applications must be accompanied by the following:

- detailed SCHS International Application form
- Student Application for Home Residency
- Report Cards from your current school
- Letter of Reference from your current school's principal
- Recent photograph of yourself
- \$125 application fee

*The Student Handbook appears in its entirety within the School Information Handbook as well as in the Student Agenda which students receive at the start of the school year. The School Information Handbook can be found on our website. www.schs.ca



Student Application for Home Residency Program

Name: _____ Date: _____

Birth Date: _____

I have _____ siblings. _____ sisters and _____ brothers.

I have the following allergies and/or health concerns: _____

Things that I would like my host family to know about me:

I really enjoy: _____

I really don't like: _____

In the future I hope that I can: _____

I want to study at SCHS because: _____
