

APPLICATION FORM

Student Information

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>		<i>Preferred Name</i>	
<i>Gender</i>	<i>Birth date (m/d/y)</i>	<i>Age (y/m)</i>	<i>Entering Grade</i>	<i>Church Membership</i>			
				<input type="checkbox"/> Hill Avenue Seventh-day Adventist <input type="checkbox"/> Spirit of Truth Seventh-day Adventist <input type="checkbox"/> Other _____			
<i>Home Address</i>			<i>City</i>		<i>Postal Code</i>		
<i>Home Phone Number</i>			<i>E-mail address (if applicable)</i>				
<i>School Last Attended</i>			<i>School Address and Phone Number</i>				

Parent / Guardian Information

<i>Mother's Name</i>	<i>Home Phone#</i>	<i>Occupation</i>	<i>Work Phone #</i>	<i>Church Affiliation</i>
<i>Father's Name</i>	<i>Home Phone#</i>	<i>Occupation</i>	<i>Work Phone#</i>	<i>Church Affiliation</i>

Medical Information

<i>Family Doctor</i>	<i>Doctor's Phone Number</i>	<i>Doctor's Address</i>
<i>Emergency Contact Person and Phone Number</i>		<i>Healthcare Number</i>
<i>Describe any physical limitations, allergies, etc. that the school staff should be aware of</i>		

Bus Information

<i>Do you want to participate in the bus program?</i>	<i>Yes</i>	<i>No</i>
<i>Please provide a pick up and drop off address for your child.</i>		
<i>In case of emergency please provide a drop off location and number for your child.</i>		

Financial Information

Financial arrangements must be in place before the application is considered.

Tuition Fees (10 monthly payments)

Kindergarten \$135.00 / month Grade 1-9 \$200.00 / month

Foreign Students \$800 / month

Citizenship: _____ Country of Birth: _____

Family Discounts

Families with three or more children attending CHCS will be eligible for family discounts. In calculating family discounts, the children in the highest grades are counted as the first and second children. The third, fourth, and fifth children are eligible for a 30% discount per child.

Registration Fees

A registration fee of \$125 is to be paid no later than the first day of school. The registration fee is non-refundable.

Indicate your choice of payment

Total advanced payment

12 monthly payments

10 monthly payments

other: Please specify: _____

(Must consult with school treasurer or school board Chair)

Parent's Commitment

I support the educational philosophy and expectations as indicated in the CHCS Handbook. I am committed to follow due process and protocol regarding the education of my child at Curtis-Horne Christian School.

Parent's Signature: _____ **Date:** _____

Student's Commitment

I understand the contents of the CHCS handbook and understand what is expected of me at Curtis-Horne Christian School. I agree to cooperate to the best of my ability with these expectations.

Student's Signature: _____ **Date:** _____

Parental Permission

- A) to participate in school field trips
- B) to transport to medical facilities in case of an emergency
- C) to use photographs or video taken at school for promotional purposes.

Parent's Signature: _____ **Date:** _____

Office Use Only

Accepted

Declined

Date: _____