



Steinbach Christian School
50 PTH 12 North
Steinbach, MB R5G 1T4
Phone: 204-326-3537
Fax: 204-326-5164
Email: info@steinbachchristian.ca
Website: steinbachchristian.ca

Senior Years Application Form (9-12)

For Office Use Only

Grade Applied For: _____

Date Received: _____

\$100 Application Fee: _____

10% Deposit: _____

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

- \$100 non-refundable Application Fee
- 10% Tuition Deposit (refundable **ONLY** if application not accepted)
- A copy of your latest academic report
- A recent photo of applicant
- Completed Teacher Reference Form
- Completed Student Questionnaire
- Completed Additional Support Declaration
- Completed Parent Questionnaire
- Completed Request for Student File Letter (Please return to us NOT to the student's present school)

Once the application has been processed, you may be contacted to arrange an entry interview.

Student Information

Legal Name as it appears on Birth Certificate or Passport:

First Name

Middle Name

Last Name

Usual Name Used: _____ Current Grade: 8 9 10 11 12

Mailing Address: _____ Applying For Grade: 9 10 11 12

City: _____ Postal Code: _____ Gender: Male ☐ Female ☐

Home Phone: _____ Birth Date: Month _____ Day _____ Year _____

If **not** a Canadian citizen, please identify the CIC (Citizen and Immigration Canada) authority:

Permanent resident ☐ Refugee Claimant ☐ Study Permit ☐

Other ☐ _____

Division in Which you Reside:

Current School: _____ Current School Division: _____

*(If currently attending **Home School** or a school outside Manitoba, please complete the shaded area below.)*

Has resource help been received? Has academic program been modified, or have any special learning difficulties been identified?

Yes ☐ No ☐ *(If yes, provide details on a separate paper)*

Has student ever been suspended or expelled?

Yes ☐ No ☐ *(If yes, provide details on a separate paper)*

Will student have siblings at SCS?

Yes ☐ No ☐ *(If yes, please provide name/s below.)*

Shaded area 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: _____

Church Attending: _____ Denomination: _____

MB Health #s _____
9 Digit 6 Digit

Other Emergency Contact: _____ Phone: _____

Allergies: _____ Medications used frequently: _____

Medical Restrictions: _____

i.e. asthma, heart conditions, diabetes, sight or hearing impairment, physical limitations etc. Please mark "None" if applicable

Parental Information

Father's Surname: _____ Mother's Surname: _____

Father's Given Name: _____ Mother's Given Name: _____

Father's Address: *same as student* ☐ Mother's Address: *same as student* ☐

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

Father's Work Number: _____ Mother's Work Number: _____

Father's Cell Number: _____ Mother's Cell Number: _____

Father's Email: _____ Mother's Email: _____

Student's Parents Are:

Married ☐ Divorced ☐ Separated ☐ Other ☐

Student Lives With:

Both Parents ☐ Mother ☐ Father ☐ Shared Custody ☐ Other ☐ _____

Custody Description:

Joint ☐ Mother ☐ Father ☐ Other ☐ _____

General Information

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

Yes ☐ No ☐ 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 School Information Handbook*.

Parent/Guardian Signature: _____

Statement of Commitment

By completing this application form, we/I understand, accept and will abide by:

- The guidelines in the School Information Handbook* which we have received and read.
- The right of the SCS Administration to discipline our child in accordance with the School Information Handbook*
- The SCS Statement of Purpose and What We Believe statement both found in the School Information Handbook* which we have received and read.
- The tuition for the applicable school year and we will pay all fees on a regular basis.

Parent/Guardian Signature: _____

*The School Information Handbook is enclosed in the application package or can be found on our website steinbachchristian.ca

Please Note: Financial Assistance Applications are available at the office or on our website steinbachchristian.ca

Office Use Only

Notes: _____

Administrator's Signature: _____



Additional Support Declaration

Name of Student: _____

Is your child receiving any additional supports in the following areas either in or out of school?

Academic Support

Please provide an explanation of any academic support your child has received including EA support, adapted or modified curriculum, etc.

Diagnosis/Assessments

Please provide an explanation of any diagnosis or assessments your child has had such as ADHD, Autism, Asperger's, FAS, Dyslexia, Red Ladder, etc.

Psychological Support

Please provide an explanation of any psychological support your child has received including counselling, and medications for anxiety, depression, etc.



Attention SCS Applicant: *Please return this completed letter to SCS.*

Date: _____

Name of last public school

Address of current school

City, Province, Postal Code

To Whom It May Concern:

My child's name is _____ and his/her birth date is _____.
*Student's full name**Student birth date*

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

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

Thank you for your prompt attention to this matter.

Sincerely,

Parent Signature



Teacher Reference Form

Please provide the name, school and work email address of the teacher you would like to complete the Teacher Reference form. With your permission we will email the teacher a link to complete the form digitally.

Student: _____

Current Grade: _____

Teacher: _____

School: _____

Email Address: _____



Parent Questionnaire

Name of Parent: _____

Name of Applicant: _____

Please provide a short description of your Christian testimony below:

If you need more space, please use the back of this page.

Why do you want your child to attend Steinbach Christian School?

If you need more space, please use the back of this page.



Senior Years Applicant Communication

To be completed by the student applicant in their own words

Name of Applicant: _____

Please tell us a short description of your Christian testimony or spiritual life:

If you need more space, please use the back of this page.

Please tell us why you wish to attend Steinbach Christian School:

If you need more space, please use the back of this page.



Aboriginal Identity Declaration

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners. **Providing this personal information is voluntary and optional.** It is being collected in compliance with section 36(1) (b) of the Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.

Name of Student: _____

I, _____ (name of parent/guardian)

- ☐ Am submitting my child's Aboriginal Identity Declaration for the first time
- ☐ Am making changes to my child's Aboriginal Identity Declaration
- ☐ Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)? *(Note: First Nations (North American Indian) include Status and Non-Status Indians)*

If "Yes," check the box(es) that best describe(s) your child now:

- ☐ Yes, First Nation (North American Indian)
- ☐ Yes, Métis
- ☐ Yes, Inuk (Inuit)

Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:

- ☐ Anishinaabe (Ojibway/Saulteaux)
- ☐ Ininiw
- ☐ Dene (Sayisi)
- ☐ Dakota
- ☐ Oji-Cree
- ☐ Michif
- ☐ Inuktitut
- ☐ Other: Please specify _____