



# Application for Admission CANADIAN

Only completed application will be processed

**Personal and Enrolment Information:** Full -Time applicants receive first priority; Part-Time applicants contingent on course space

**Office Use Only:** Date Application Received - CHS Student ID # -

Application for:  August  January  Full Time  Part Time Grade:  10  11  12

Legal Surname: \_\_\_\_\_

Legal Given Name(s): \_\_\_\_\_

Preferred / Name(s) / AKA: \_\_\_\_\_  
(FIRST NAME) (SURNAME)

Citizenship-Required Documents: Birth Certificate or Landed Immigrant Papers Date of Birth: \_\_\_\_\_  
Year Month Day

Male  Female  Canadian Citizen  Dual Citizen of: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City Province Country

Main activity this past year if NOT a Student:  Employed  Other: Specify \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Resident School Board: \_\_\_\_\_ Division or County: \_\_\_\_\_ AB Student ID # - \_\_\_\_\_  
**Required Documents: Copy of Most Recent Report Card or Transcript**

Religious Affiliation: \_\_\_\_\_ Church/Congregation: \_\_\_\_\_

Special Interests:  Music  Sports  Student Government  Drama  Other: \_\_\_\_\_

Residence Plans:  \*Current Residence  \*\* Concordia Dormitory  Home Stay Program  Other Specify: \_\_\_\_\_

\*\* For Concordia Dormitory: Please Contact Residence Office directly via <http://residence.concordia.ab.ca/highschool/> or (780) 479-9349

If you wish to declare that the Student is an Aboriginal person, please specify by checking appropriate box:  
 Status Indian/First Nation  Non-Status Indian/First Nations  Métis Band and Number : \_\_\_\_\_

## Contact Information – STUDENT Applicant

**Permanent Address:** Address where you will receive mail NOW and reside from June - August

Address (PO Box No. / Apt No. / Street): \_\_\_\_\_

City/Town: \_\_\_\_\_

Province / State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ Country Code (if applicable): \_\_\_\_\_

E-Mail Address of Student Applicant: \_\_\_\_\_

Currently lives with:  Both Parents  Mother  Father  Guardian  Other: specify \_\_\_\_\_

**School Year Address:**  Check box if same as "Permanent Address"  
 If different from above: ADDRESS where you will be living from August – May (**OTHER** than Concordia Residence)

Address (PO Box No. / Apt No. / Street): \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

For school year, student will live with:  Mother  Father  Guardian  Other: specify \_\_\_\_\_

## Contact Information - Parent or Legal Guardian

**Address:**  Check box if same as “Permanent Address” of Student (fill out **Additional & Different Information**)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (PO Box No. / Apt No. / Street): \_\_\_\_\_

City/Town: \_\_\_\_\_

Province / State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Telephone (hm): ( ) Telephone (bus): ( ) Country Code (if applicable): \_\_\_\_\_

Cell Number: ( ) Fax Number: ( )

E-Mail Address  
Parent / Guardian: \_\_\_\_\_ (required for newsletter and other correspondence)

## Contact Information - Parent or Legal Guardian

**Address:**  Check box if same as “Permanent Address” of Student (fill out **Additional & Different Information**)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (PO Box No. / Apt No. / Street): \_\_\_\_\_

City/Town: \_\_\_\_\_

Province / State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Telephone (hm): ( ) Telephone (bus): ( ) Country Code (if applicable): \_\_\_\_\_

Cell Number: ( ) Fax Number: ( )

E-Mail Address  
Parent / Guardian: \_\_\_\_\_ (required for newsletter and other correspondence)

## Medical Information - Applicant

Health Care No.: \_\_\_\_\_ Province of Issue: \_\_\_\_\_

Medical conditions or concerns which require special consideration (list above): \_\_\_\_\_

## Admission Declaration:

I certify that all statements in this application are complete and accurate. If accepted, I will abide by the standards and regulations of Concordia High School, which are designed to promote a healthy learning environment and a Christian atmosphere of love, responsible freedom, and concern for the rights and needs of others.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information & Submission Instructions:

Concordia High School, 7128 Ada Blvd., Edmonton, AB T5B 4E4 Canada  
Phone (780) 479-9390 Fax (780) 479-5050 E-Mail [highschooloffice@concordia.ab.ca](mailto:highschooloffice@concordia.ab.ca)

**To be included with this 3-page Application:** (see detailed information in the **Guidelines for Canadian Students.**)

- 1) The **one-time non-refundable application fee of \$50.00.**
- 2) **Photocopies** of applicant's **birth certificate** or **landed immigrant papers.**
- 3) Copies of **most recent school report cards** will be accepted for Early Conditional Acceptance (ECA). Applicants are required to **submit** an official copy of their **Final Marks / School Transcript** when available.
- 4) If **Residence Accommodations** are required, applicants must contact the **Concordia Residence** directly:  
<http://residence.concordia.ab.ca/highschool> or (780) 479-9349

## Protection of Personal Information:

Your personal information at Concordia High School is protected under the personal Information Protection Act of Alberta (PIPA).

We will collect and use your personal information only for the purposes of delivery and supporting educational services we provide to you or your child, including: Educational Activities and Programs; Enrollment Development; Assessing Enrollment Eligibility; Student counselling; Learning Assessments; Student and Employee Health and Safety, including Emergencies; Marketing, Fund-raising and Special Events; Communication with Student Families; Financial Administration.

With the exception of certain specific emergency or statutory circumstances, you will be asked for your consent before we release your information to anyone.

I, \_\_\_\_\_ (Parent or Guardian's Full Name)  
consent to allow Concordia High School to release, collect, use or disclose Personal information for its operation and administrative purposes, including, but not limited to those listed above.

I understand that Concordia High School is subject to provincial and federal privacy legislation and has in place a Policy on Privacy to ensure compliance with privacy legislation and standards.

I am aware of the risks and benefits associated with consenting or not consenting to collection and that I may revoke my consent at any time by providing a signed, written statement of revocation to Concordia High School. For more information, please contact the Principal.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Valid: Start Date: \_\_\_\_\_ Until End Date: \_\_\_\_\_

## Financial Responsibility:

### Person Assuming Financial Responsibility:

Legal Surname: \_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.  Rev.

Legal Given Name(s): \_\_\_\_\_

Are you the parent / guardian? Check appropriate Box:  Parent  Guardian  Other: Specify \_\_\_\_\_

Social Insurance No. \_\_\_\_\_

### Address where billing invoices / statements will be sent:

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
PO Box No. / Apt No. / Street:

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Country Code: \_\_\_\_\_

Alternate Phone: ( ) \_\_\_\_\_ Country Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Financial Declaration:

I assume financial responsibility for the above student to attend Concordia High School. I understand that payment must be made by the deadlines (see Payment and Refund Policy Information). If payment cannot be made by the deadlines for any reason, I will contact Student Accounts to arrange a suitable payment plan (780) 479-9206.

Signature of Person Financially Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Financially Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

