



Application for Admission International

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 Gr 9 10 11 12

Legal Surname: _____

Legal Given Name(s): _____

Preferred / Name(s) / AKA: _____
(FIRST NAME) (SURNAME)

Citizenship-Required Documents: (*upon acceptance to CHS*): Passport / Student Visa / Landed Immigrant Papers

Male Female Citizen of: _____ Date of Birth: _____
Year Month Day

Place of Birth: _____
City Province / State Country

Entry date or expected Entry date into Canada: _____
Year Month Day

Main Activity this past year if **NOT** a Student: Employed Other: Specify _____
Required Documents: Copy of Most Recent Report Card or Transcript

Student Program Basis (UK, USA etc.): _____ **Religious Affiliation:** _____

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

Contact Information – STUDENT Applicant

Permanent Address: Address where student will receive mail NOW and resides from June - August

Address (PO Box No. / Apt No. / Street): _____

City/Town: _____

Province: _____ 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 _____

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: _____ Country Code (if applicable): _____

Telephone (hm): () _____ Telephone (bus): () _____

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:** _____ **Country Code (if applicable):** _____

Telephone (hm): () **Telephone (bus):** ()

Cell Number: () **Fax Number:** ()

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

Contact Information - CANADIAN Guardian

Last Name: _____ **First Name:** _____ **Relationship:** _____

Address (PO Box No. / Apt No. / Street): _____

City/Town: _____ **Province / State:** _____

Country: _____ **Postal / Zip Code:** _____ **Country Code (if applicable):** _____

Telephone (hm): () **Telephone (bus):** ()

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

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/State: _____ 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: _____

