



## UMEI CHRISTIAN HIGH SCHOOL Re-Application for Returning Students

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Please review the information needed by the office and make any changes on the form that may be different from last year.

**A non-refundable registration fee of \$200 must be received before your application can be processed.** This fee will be applied as follows: \$100 for **student fees** (Student parliament, Faith in Action, Athletics, Yearbook), \$100 towards **student account** to be used for fees accumulated through the year such gym uniform or field trips. **Please register by February 28. A late registration fee of \$50 will be applied to applications received after July 31.**

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### SIGNATURE OF AGREEMENT AND COMMITMENT

#### To the Student:

**Your signature** on this form indicates that you are acquainted with the goals and purposes of UMEI and the guidelines we follow to reach these goals as outlined in the UMEI course calendar. **Your signature** shows you intend to take seriously the expectations and responsibilities that UMEI asks of its students. **Your signature** also indicates that you realize that attending UMEI is dependent upon your cooperation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### To the parent/guardian:

**Your signature** on this form indicates your support of our program and of your child attending UMEI according to the understandings above. It also indicates your responsibility for payment fees.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY:** Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ Acceptance Pending \_\_\_\_\_

Date form received: \_\_\_\_\_

**A. STUDENT INFORMATION**

Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_  
                    First                    Middle                    Last

Commonly Used First Name (if different from above) \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

**Mailing Address:**

Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Student's Cell # \_\_\_\_\_

Student's Email \_\_\_\_\_

**B. FAMILY INFORMATION**

**Father:**

Name (first/last) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Street/Box # \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Occupation \_\_\_\_\_

Cell # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Custodial Parent:** \_\_\_\_\_ **Joint Parent:** \_\_\_\_\_ **Deceased:** \_\_\_\_\_

**Mother:**

Name (first/last) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Street/Box # \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Occupation \_\_\_\_\_

Cell # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Custodial Parent:** \_\_\_\_\_ **Joint Parent:** \_\_\_\_\_ **Deceased:** \_\_\_\_\_