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## ADMISSION APPLICATION

### MISSION STATEMENT

**Our mission is to provide a community of learning that challenges students to develop disciplined hearts, minds and bodies according to the full measure of Jesus Christ.**

At Redeemer, parents, students and staff cooperate in a lively academic and social environment, which prepares young people for service in today's world by encouraging them to explore and practice the gifts God has given them.

As a school, we commit to support the school's mission and purpose. We commit to:

- Deliver quality education from a Biblical basis that clearly demonstrates a Christian world view
- Provide a safe and nurturing environment
- Provide consistent communication regarding your student and the school
- Provide opportunities for parental involvement
- Provide consistency in application of school policies
- Offer a listening ear
- Show respect for your child and family
- Use wisely the resources entrusted to the school

### PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

- \_\_\_ 1. A non-refundable \$250 application fee (only for families **new** to Redeemer Christian High School)  
(Please make cheque payable to Redeemer Christian High School)
- \_\_\_ 2. Completed Forms A - F signed as indicated
- \_\_\_ 3. Academic certificates:
  - Elementary school graduates: grade 7 & 8 report cards (and school achievement tests such as MAP and EQAO)
  - High school students: current transcript
  - Home-schooled students: may have to write an entrance test
- \_\_\_ 4. Individual Educational Plans and any documentation pertaining to accommodations if learning needs have been identified
- \_\_\_ 5. A copy of the student's birth certificate, baptismal certificate or passport
- \_\_\_ 6. A copy of the student's immunization record

## APPLICATION PROCESS

Once all Application Forms (A - F) as well as documents listed on the cover page have been returned to Redeemer and the student meets the eligibility criteria, the Principal will arrange for an interview with the student and the parents. If any learning needs assessments or special programs are required, the student will be scheduled to meet with the appropriate Admissions Team representatives. Upon approval of the application a letter of acceptance will be sent to the Parents/Guardians including information about upcoming events. School tours are available any time throughout this process.

## PERSONAL AND FAMILY INFORMATION FORM A

(PLEASE PRINT)

Name of Applicant \_\_\_\_\_  
(Legal Surname) (First Name) (Middle Name)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD/MM/YYYY) Sex M/F (Circle One)

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Place of Birth \_\_\_\_\_

Language First Spoken and Still Understood \_\_\_\_\_

Canadian Citizen \_\_\_\_\_ Student Visa \_\_\_\_\_ Diplomat \_\_\_\_\_ Other \_\_\_\_\_  
(Check One) (Please Explain on Back)

Entry Date to Canada (if born outside of Canada) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

Father's Name \_\_\_\_\_  
(Legal Surname) (Given Name)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(Legal Surname) (Given Name)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ (Check One)

Guardian's Name \_\_\_\_\_  
(If Applicable) (Legal Surname) (Legal Given Name)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Cell (613) \_\_\_\_\_

## FORM A - CONTINUED

### Siblings:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

## SCHOOL HISTORY

(PLEASE PRINT)

### Present School:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Present Grade \_\_\_\_\_ Period of Attendance \_\_\_\_\_

Has the student ever failed or repeated a course? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details \_\_\_\_\_

Does the student have any physical or learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details \_\_\_\_\_

Date of Entry: ELEMENTARY school \_\_\_\_\_ SECONDARY school \_\_\_\_\_  
MM DD YYYY MM DD YYYY

Please indicate the desired Date of Entry and Grade Level of applicant into Redeemer Christian High School:

Date of Entry applying for \_\_\_\_\_ Grade Level applying for \_\_\_\_\_  
MM YYYY

## CHURCH AFFILIATION

Name, address, and denomination of church currently attending

Please state your reasons for applying to Redeemer Christian High School:

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## PARENT, SCHOOL AND STUDENT PARTNERSHIP COVENANT (FORM B)

Together we agree that a high school education should be a valuable spiritual and academic experience. Redeemer Christian High School (Redeemer) strives to equip students to grow “in wisdom and stature, and in favour with God and humanity” (Luke 2:52). It is the goal of the staff to achieve this mission by delivering a superior program that is integrated with the Word of God. To achieve these goals, hard work is required by the student and the teacher.

We agree that it is a privilege to gain admission to Redeemer. Jesus has taught us to “love God with all our heart, with all our soul and with all our mind and to love our neighbour as ourselves” (Matthew 22: 37-39). Consistent with this divine direction, it is our goal that all students and staff respect each other as they perform their work from day to day. This is the heart of God, the heart of the gospel.

As a responsible student at Redeemer, I promise:

- To accept the Biblical basis for Christ centered education as offered at Redeemer
- To help keep my school clean and safe
- To attend all my classes unless I have prior permission to be absent
- To use wisely the learning opportunities provided me by working hard to do my best
- To respect and cooperate with students, teachers, administration and support staff
- To respect the policies of Redeemer
- To discuss any difficulties or questions I may have with the appropriate people and not participate in gossiping or the discrediting of others
- To respect the expressions of the Christian faith of other students and the activities such as chapels and prayer
- To abstain from possession and personal use of illegal drugs or illegal use of alcohol at any time or at any place while a student at Redeemer.
- To obey the laws of Canada.

I understand that failure to abide by these promises will result in disciplinary action that could include suspension or expulsion from Redeemer Christian High School.

We have read this Admission Application package and agree with the school policies as outlined in the Course Calendar (<http://rchs.on.ca/our-school/our-program-2/academics/>). We agree to fully and faithfully comply with the rules and regulations contained therein. We understand that failure to abide by these promises will result in disciplinary action which could include the student’s suspension or expulsion from Redeemer Christian High School. Our signatures indicate that we understand these guidelines and consequences.

**I certify that the above information is accurate and complete to the best of my knowledge.**

FATHER’S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

MOTHER’S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

LEGAL GUARDIAN’S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**ONTARIO STUDENT RECORD REQUEST FORM (FORM C)**

(PLEASE PRINT)

I, \_\_\_\_\_  
(Parent's/Guardian's Name)

hereby consent to

Redeemer Christian High School

requesting the

Ontario Student Record

of

\_\_\_\_\_  
(Student's Full Legal Name)

Student's Date of Birth: \_\_\_\_\_  
MM / DD / YYYY

Parent's/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_  
MM / DD / YYYY

# EMERGENCY/MEDICAL INFORMATION (FORM D)

Student's Name \_\_\_\_\_

Ontario Health Card # \_\_\_\_\_

Is child's health excellent, fair, or poor? \_\_\_\_\_

Are child's immunizations current? \_\_\_\_\_ (New students must provide a copy of current Immunization Record)

If your child has had any of the following illnesses/diseases, please indicate below

Diphtheria _____	Mumps _____	Rheumatic Fever _____	Pneumonia _____
Whooping Cough _____	Diabetes _____	Scarlet Fever _____	Red Measles _____
German Measles _____	Asthma _____	Chicken Pox _____	Tuberculosis _____
Gonorrhoea _____	Syphilis _____	Heart Disease _____	Seizures _____
Hernia _____	Other _____		

Is your child subject to any of the following? (Indicate if occasional (O) or frequent (F))

Asthma _____	Dizziness _____	Abdominal Pain _____
Headaches _____	Night Sweats _____	Shortness of Breath _____
Migraines _____	Leg Pains _____	Fainting Spells _____
Allergy _____	Nose Bleeds _____	Frequent Urination _____
Ear Infections _____	Hay Fever _____	Other _____

List any chronic illness or allergy \_\_\_\_\_

List any physical, mental, emotional disorder (such as depression and eating disorders) and any serious accidents or surgery your child has or has had.

It is mandatory that students who show symptoms of communicable disease are excluded from classes until readmission is acceptable to Redeemer Christian High School Administration.

## Contacts (other than Parents/Guardians)

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Alert/Allergies/Etc. \_\_\_\_\_

If emergency medical care is necessary for my child, I give Redeemer Christian High School permission to transport my child to the nearest medical facility or have him/her transported by ambulance if necessary.

Signature \_\_\_\_\_

It is the practice of Redeemer Christian High School that Tylenol/ Advil not be given out without the parent's/guardian's written consent. If you give us your consent, please sign below.

I give permission for \_\_\_\_\_ to receive Tylenol/ Advil from school staff.  
(print student's name)

Authorizing Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 2017/2018 PAYMENT PLEDGE FORM (FORM E)

LAST NAME OF PARENT(S)/GUARDIAN(S)	FIRST NAME(S)	STUDENT NAME(S)
E-MAIL	TELEPHONE	
ADDRESS	CITY	POSTAL CODE
CHURCH AFFILIATION		

### PLEASE PRINT CLEARLY

**PLEASE COMPLETE THE FOLLOWING** For returning families the deadline is **March 31, 2017**

**Tuition at Redeemer is 13% of income from all sources with a maximum of \$14,200 and a minimum of \$7,850**

**Family Income Calculation** You do not need to use this section if you are paying the maximum tuition, enter \$14,200 in box E.

Enter line 150 of your 2016 federal income tax return in box A	A	
Enter line 150 of your spouse's 2016 federal income tax return in box B	B	
If you or your spouse are self-employed or run/own your own business it is possible that line 150 of your tax return reflects only part of your total annual income (e.g. income is re-invested in a business rather than withdrawn as salary). In keeping with the spirit of the community and the intent of the sliding scale, please enter in box C any increase in your business equity that is in addition to the salary you withdrew as declared in box A and/or B.	C	
<b>Total family income is sum of boxes A,B and C</b>	D	

**How to calculate your tuition**

Use amount in Box D to calculate your tuition

If box D is over \$109,230 then your tuition is \$14,200.00. If box D is less than \$60,385 then your tuition is \$7,850

If box D is between \$60,385 and \$109,230 then your tuition is 13% of your total family income.

To calculate 13%, multiply your total family income (box D) by 0.13

**Enter your tuition here**

I/we have a child at _____ in the 2017/2018 school year, which has an agreement for a discount rate of _____% (max. 25%) with Redeemer. Multiply amount in Box E by this rate and enter in Box F	F	
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**Subtract box F from box E to calculate tuition for one child**

**Add \$500 for each additional child at RCHS**

**Enter number of children in excess of one x \$500 in box H**

**Add voluntary extra donation**

**Add Student Incidental fee of \$500 per child (see reverse) -Enter number of children x \$500 in box J**

**Total Tuition Amount: Add boxes G, H, I and J**

<p><b>Bus rates:</b></p> <ul style="list-style-type: none"> <li>Winchester bus \$2,935 (half time \$2,200); Metcalfe bus: \$2,560 (half time \$1,920).</li> <li>Barrhaven and Kanata/Stittsville \$2,300 (half time \$1,725). This route is operated in co-operation with Ottawa Christian School (OCS). Payment can be made to either OCS or RCHS.</li> </ul> <p>Please contact Martin Mudde (mmudde@primus.ca) if you have questions regarding transportation.</p>	L	
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**Total 2017/2018 Amount: Add boxes K and L**

<b>Attach 10 post-dated cheques dated July 1, 2017 - April 1, 2018 each for 1/10th of box M or preferably, use Pre-Authorized Debit (PAD) (form is attached).</b>	M	
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Family Volunteer Hours Program deposit of \$500 (post-date cheque to June 1, 2018). This cheque will not be cashed if you fulfill the requirements of the program. See <a href="http://rchs.on.ca/get-involved/volunteer/family-volunteer-hours-program">rchs.on.ca/get-involved/volunteer/family-volunteer-hours-program</a> for details.	<b>\$ 500</b>
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Add any special note here: \_\_\_\_\_

The information provided on this form is an honest disclosure of our family's income. **I have read and agree with both sides of this document.**

X \_\_\_\_\_ (signature)

If you have questions filling out this form or financial concerns, please contact the Treasurer: Michelle Huibers at [mhuibers@khmpc.ca](mailto:mhuibers@khmpc.ca)

**Signature above indicates agreement with both sides of this document. Please save a copy for your records**

ALL PERSONAL INFORMATION COLLECTED VIA THIS FORM WILL BE KEPT IN STRICT CONFIDENCE AS PER THE Redeemer POLICY TO PROTECT PERSONAL INFORMATION

## FEE PAYMENT PLEDGE FORM (FORM E - CONTINUED)

New and returning families:

- This form needs to be signed and post-dated cheques or PAD agreement must be returned **by March 31, 2017**. If this is not possible families can submit by March 31 an Enrolment Commitment Form with a \$500 cheque post-dated July 1 and by **May 1, 2017** submit a signed pledge form with post-dated cheques or PAD information for the remaining amount.
- Once a family has registered, two-month notice must be given if you intend to withdraw from the school. In lieu of such notice, payment of the pledged amount for the two-month notice period will be required. As examples, notice is required if withdrawal is done prior to July 1<sup>st</sup>; but no tuition fee is charged; if prior to August 1<sup>st</sup> – the July payment (1/10 of the pledge) is required; if prior to September 1<sup>st</sup> – the July and August payments (2/10 of the pledge) is required; if prior to October 1<sup>st</sup> - the July, August and September payments will be required (2/10 of the pledge plus the one month in attendance). No funds received for donation purposes may be refunded.

**I have read and understand the withdrawal policy.**

X \_\_\_\_\_ (initial)

- NSF cheques will automatically carry a \$30 fee.

Extensive financial support is provided to lower income families through the sliding scale tuition formula. If additional support is required, these families are urged to contact their relatives, friends and faith communities. Several faith communities have financial support programs for Christian education.

The financial support under the sliding scale tuition formula is made possible through non-parent donors, members of the school association, volunteers, and fundraisers such as the annual Redeemer dinner auction, grocery coupon sales and fruit basket sales. You are encouraged to support these initiatives so Christian education continues to be available to families at different economic levels.

### FEES OVERVIEW

- Non-refundable Application Fee (\$250)
- Tuition is based on family income and \$500 for each additional child per family. Families with children enrolled concurrently in a Christian elementary school that has a discount agreement with Redeemer, are entitled to a discount of up to 25% depending on the agreement.
- All students pay \$500 Student Incidental Fee:
  - a. \$100 of this is a non-refundable book usage fee
  - b. \$200 for annual class trips (Grade 12 students will have an additional fee)
  - c. \$200 for the Student Account for school related incidentals
- Athletic teams – Students are responsible for some of the cost (Usually \$40 per sport/tournament)
- Extracurricular activities – Some of these activities require a fee
- Membership fee is included in the tuition fee
- Redeemer Parent Volunteer program - \$500 Holding Deposit. Families provide a \$500 cheque post-dated June 1, 2018. This cheque is not cashed if the hours are completed and the form is submitted.

Pledge amount*	\$7,850	\$8,500	\$10,000	\$11,500	\$13,000	\$14,200
Estimated after-tax cost**						
1 student	\$7,025	\$7,350	\$8,100	\$8,850	\$9,600	\$10,200
2 students	\$7,850	\$8,500	\$10,000	\$11,500	\$12,700	\$13,300

\* This chart is for illustrative purposes only.

\*\*CRA considers religious education to be a charitable activity, therefore RCHS, as a registered charity, is permitted to issue a charitable receipt for the portion that **may** be over and above *the cost of education*. The *cost of education* is the cost of providing the non-religious portion if **each** student's education. This number is determined annually, following CRA rules and regulations



## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT (FORM F)

Please debit my bank account (attach void cheque below) in the following manner:

The debit will be processed to your account on the 1<sup>st</sup> day of each month or the next business day. For tuition payments, the normal start date of the first debit is July 1 and last debit is April 1. You may also include under "One time:" the \$500 for the Parent Volunteer Program or Enrolment Commitment.

Monthly: Start month/yr \_\_\_\_\_ End month/yr \_\_\_\_\_

Monthly Amount: \_\_\_\_\_ (should be consistent with the pledge)

One time: Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Should you wish to cancel or change this agreement, contact Sherri Harper at [businessmanager@rchs.on.ca](mailto:businessmanager@rchs.on.ca) or 613-723-9262 ext 35 at least ten business days in advance of the next transaction. Any cancellation must be replaced by cheques covering the full remaining amount due.

A \$30 NSF charge will apply for insufficient funds, and the amount due is payable immediately.

Please attach a void cheque.