



2017 – 2018 Application Package

Early Application Date – April 1st 2017
Apply by the Early Application date
to receive a \$100.00 voucher for Bison Gear

Please submit the completed package via:

**Mail – The Admissions Office
Box 459
Outlook SK S0L 2N0**

Email – admissions@lcbi.sk.ca

Fax – 306-867-9947



Application Checklist

- **Form A: Personal and Family Information**
- **Form B: Student Health Information**
- **Form C: Physician's Report – To be Completed by the Student's Doctor**
- **Form D.1: Academic Reference – Mathematics – To be completed by student's current Math teacher**
- **Form D.2: Academic Reference – English Language Arts – To be completed by student's current ELA teacher**
- **Form E: Family Friend, Youth Leader or Pastor Reference**
- **Form F: Student Profile**
- **Form G: Financial Contract and Student Fees**
- **Copies of report cards – Grade 10's require Grade 9 Report Cards
– Grades 11 & 12 require all High School (Gr 10 & 11) Report Cards**

Please submit completed application package via:

MAIL- The Admissions Office

Box 459

Outlook,SK

S0L 2N0

EMAIL- admissions@lcbi.sk.ca

FAX- 306-867-9947

General Correspondence & Communication (school announcements, report cards, general information)

Both Parents Father Mother Stepfather Stepmother

If there are additional guardians please include their information on the back of this page.

Father's Information (please indicate if Stepfather)

Mailing Address: _____

Name: _____

Street Address or Land Description

Home: _____

Business: _____

City

Prov/State

Cell: _____

Postal Code

Country

Fax: _____

Occupation: _____

Email: _____

Place of Employment: _____

Mother's Information (please indicate if Stepmother)

Mailing Address: _____

Name: _____

Street Address or Land Description

Home: _____

Business: _____

City

Prov/State

Cell: _____

Postal Code

Country

Fax: _____

Occupation: _____

Email: _____

Place of Employment: _____

Declaration:

I would like the Admissions Team to consider the application of the aforementioned student for the 2017-2018 school year. I am supportive of the programs, missions, and policies of LCBI High School.

I understand that the final decision to grant admission or request a withdrawal rests with the LCBI Admissions Team.

Father's (Stepfather's) Signature

Mother's (Stepmother's) Signature



Form B: Student Health Information

Name of Student: _____
Family Name *Official First and Second Names*

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

Health Card #: _____ Province Issuing Health Card #: _____

Emergency Contact Name: _____ Relationship to Student: _____

Emergency Contact Phone Number: _____

Family Physician: _____ # of Years: _____ Phone Number: _____

Address: _____

Allergies: Yes No If yes, please describe: _____

Using medication to treat allergies? Yes No If yes, please describe: _____

Asthma: Yes No If yes, please describe: _____

Using medication to treat asthma? Yes No If yes, please describe: _____

Immunizations: *This record must include student's most recent immunizations and may be obtained from your Department of health, school, or family physician..*

I authorize and hereby consent to immunizations to be given should it be deemed necessary. Yes No

An official copy of student's immunization record must be attached to this form.

(Not required for Saskatchewan students)

Hospitalizations: _____

Mental Health:

Has the student currently, or in the past, received counselling? Yes No

Parents and/or student over 16 must provide a copy of the most recent assessment by counselor or doctor with regards to Mental Health. Written consent must be provided for LCBI to contact the counselor or doctor regarding the student's assessment, treatment, and /or after-care program.

Please provide information regarding any physical, emotional or mental condition that the student may have experienced. This information is vital to the student's success at LCBI.

LCBI is a drug, alcohol, and tobacco-free campus. Please disclose any history of the following:

Alcohol Use: Yes No

Drug Use: Yes No

Tobacco Use: Yes No

If you answered yes to any of the above, please describe **history** of use: _____

Has the student ever received treatment or counseling for addictions?

No Yes Inpatient Outpatient

Parents and/or student over 16 must provide a copy of the most recent assessment by counselor or doctor with regards to addictions. Written consent must be provided for LCBI to contact the counselor or doctor regarding the student's assessment, treatment, and /or after-care program.

Medications: Is your child taking any medication(s) other than for allergies or asthma? Yes No

Current Medications:

Name of Medication	Prescription or Over the Counter	Dose & Frequency	Reason for Taking
	Pres. <input type="checkbox"/> OTC <input type="checkbox"/>		
	Pres. <input type="checkbox"/> OTC <input type="checkbox"/>		
	Pres. <input type="checkbox"/> OTC <input type="checkbox"/>		
	Pres. <input type="checkbox"/> OTC <input type="checkbox"/>		

In case of Emergency if parent or legal guardian cannot be reached, please contact:

Name: _____ **Relationship to Student:** _____

Address: _____

Telephone: _____ **Cell:** _____

It is the policy of LCBI High School to contact parents/legal guardians in the event of serious or injury.

Authorization, Release, and Indemnity

To the best of my knowledge , the information I have provided is accurate and complete.

I understand and acknowledge that the academic staff, dormitory staff and administrative staff of LCBI High School act in place and position of a parent or guardian of my child while my child is in attendance at LCBI High School. Recognizing this, I authorize each or any of them to provide my child with medical treatment they consider to be reasonable or necessary during the time period my child is in attendance at the school. I authorize screening for drugs and alcohol if deemed necessary. I will be informed of all results.

In consideration of their willingness to care for my child, I realize, remise and discharge, employees and agents from any and all liability, claims or causes of action which may arise, by virtue of the application, or non-application or medical treatment.

Dated at _____, in the Province of _____,
this _____ day of _____, 20_____.

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Failure to disclose or purposeful omission of information on this form will lead to a review of continuance.



Form C: Physician's Report

Name of Student: _____
Family Name *Official First and Second Names*

Date of Birth: ____ / ____ / ____
Year Month Day

Allergies: Yes No If yes, specify: _____

Concussions: Yes No If yes, how many: _____ When: _____

Mental Health: Any counseling, psychiatric care, behavioural issues or substance abuse treatment? If applicable, please describe: _____

Past/Current Illness/Conditions (check below)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Eczema | <input type="checkbox"/> Migraines | <input type="checkbox"/> Bipolar |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Bowel Conditions | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Surgery (describe below) | <input type="checkbox"/> Self-mutilation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Congenital Disorders | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Kidney Disorders | | |

Comments: _____

Current Medication: _____

I, _____ find _____ physically and emotionally fit to attend a boarding high school and to participate in all its normal activities.

This student has been my patient since: _____

Phone: _____

Medical Office Address: _____

Signature

Date

How well do you know the student academically? _____

Is the course adapted/modified, core curriculum, IB, or advanced placement? _____

Next year, what math course would be the most appropriate placement for the student? _____

Student's Mathematics Evaluation:

	One of the Best I've Taught	Excellent	Above Average	Average	Below Average	No Basis for Judgement
Knowledge of Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in Use of Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Ideas & Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate the student in the areas listed below:

	One of the Best I've Encountered	Excellent	Above Average	Average	Below Average	No Basis for Judgement
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Class Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name (Please print)

Signature

How well do you know the student academically? _____

Is the course adapted/modified, core curriculum, IB, or advanced placement? _____

Student's English Evaluation:

	One of the Best I've Taught	Excellent	Above Average	Average	Below Average	No Basis for Judgement
Knowledge of Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Ideas & Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate the student in the areas listed below:

	One of the Best I've Encountered	Excellent	Above Average	Average	Below Average	No Basis for Judgement
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Class Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____ / _____ / _____
 Year Month Day

Name (Please print)

Signature



Form E: Family Friend, Youth Leader or Pastor Reference

Thank you for taking the time to complete this reference. It will remain confidential.

Please forward directly to LCBI High School

Attention- Admissions Office

by Fax to (306) 867-9947

by email to admissions@lcbi.sk.ca

by mail to Box 459, Outlook, SK. S0L 2N0

Name of Student: _____

Relationship? _____ **How long have you known the Student?** _____

What comments would you make concerning this student's strengths and weaknesses?

Please describe the student's family make-up?

Are there family dynamics which affect the student's attitude?

Has the student had emotional or disciplinary struggles in the past?

Please indicate your current estimation of this student:

	Outstanding	Above Average	Average	Below Average	Poor
Academic performance					
Intellectual Curiosity					
Motivation					
Emotional Intelligence					
Cooperativeness					
Integrity					
Dependability					
Consideration for Others					
Positive influence and potential for leadership					
Participation in activities					

Would you recommend this student?

- Yes, without reservation Yes, with reservation No, not at all Please call me

Name: _____

Address: _____

Email: _____

Phone: _____

Signature

Date



Form F: Student Profile

(to be completed by student)

Name: _____

Please provide us with a brief outline of yourself, including your family background, and a why you would like to be a student at LCBI.

How do you like to spend your free time?

Describe any volunteering and leadership roles that you have been involved in.

Describe any extracurricular sports, groups or clubs that you have been involved in. These can be non-school related. What activities would you like to be involved in at LCBI?

What are your academic strengths and weaknesses?

What do you think will be the biggest challenges in adjusting to life at LCBI?

Describe your taste in music.

Have you ever shared a room with someone (sibling or roommate in a dorm/camp setting)? If yes, please describe.

Describe your room most of the time _____ (spotless) 1 2 3 4 5 (messy)

Do you study with music on _____ (never) 1 2 3 4 5 (always)

Student Signature

Date



Form G: Financial Contract

Name of Student: _____

Saskatchewan Day Student Saskatchewan Dorm Student Non-Saskatchewan Dorm Student

Guarantor of Payment: _____

Names of Parents: _____

Street/Box #: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Parent email address: _____

Saskatchewan Day Students: This contract is an agreement to fulfill payments of all Student/Activity Fees incurred throughout the year. This contract contains full agreement of the parties and no representation of assurance, whether verbal or written, shall affect or alter the obligation of the party hereto.

Saskatchewan Dorm Students: This contract is an agreement to fulfill payments of all Student/Activity Fees, and Room and Board Fees incurred throughout the year. This contract contains full agreement of the parties and no representation of assurance, whether verbal or written, shall affect or alter the obligation of the party hereto.

Non-Saskatchewan Tuition and Room and Board Contract:

This contract is an agreement to fulfill payments of all Student/Activity Fees, Tuition and Room and Board Fees incurred throughout the year. This contract contains full agreement of the parties and no representation of assurance, whether verbal or written, shall affect or alter the obligation of the party hereto.

International Students: This contract is an agreement to fulfill payments of all Student/Activity Fees, Tuition, International Fees, ESL Fees and Room and Board Fees incurred throughout the year. This contract contains full agreement of the parties and no representation of assurance, whether verbal or written, shall affect or alter the obligation of the party hereto.

ENFORCEABILITY

This contract shall be interpreted and enforceable under the laws of the province of Saskatchewan. If any portion of this contract is found to be unenforceable by a court of law, then the remainder of said contract shall remain in full force and effect.

WITHDRAWALS/EXPULSION & REFUNDS

Room and board fees are refundable on a prorated monthly basis.

Tuition Fees for Non-Saskatchewan students are refundable on a prorated basis according to the number of days enrolled until November 30 (Semester 1) and April 30 (Semester 2). After those dates, fees are **non-refundable**.

I (we) understand that by registering my (our) child for the school year beginning in 2017-2018 School year, a space will be reserved in the applicable class. I (we) recognize that LCBI's budget is based largely on the Saskatchewan education grant and donations. Therefore, I (we) specifically agree that once my (our) child is registered and guaranteed a space, if the child is withdrawn or dismissed for any reason, I am obligated to pay for **ALL** outstanding Fees and Tuition (if applicable) through the end of the semester.

***FEE SCHEDULE for 2016-2017**
Fees for 2017-18 in brackets – will take effect as of
June 9, 2017 (2016-2017 fee schedule will apply to
all applications received as of June 9th)

	Semester 1	Semester 2	Total
SK Day Students			
Tuition	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total	\$0.00	\$0.00	\$0.00
SK Boarding Students			
Tuition	\$0.00	\$0.00	\$0.00
Room	\$2,600	\$2,600	\$5,200
Board	<u>\$2,100 (\$2400)</u>	<u>\$2,100 (\$2400)</u>	<u>\$4,200 (\$4800)</u>
Total	\$4,700	\$4,700	\$9,400 (\$10,000)
Non-Saskatchewan Students			
Tuition	\$3,860	\$3,860	\$7,720
Room	\$2,600	\$2,600	\$5,200
Board	<u>\$2,100 (\$2400)</u>	<u>\$2,100 (\$2400)</u>	<u>\$4,200 (\$4800)</u>
Total	\$8,560	\$8,560	\$17,120 (\$17,720)
International Students			
Tuition	\$3,860	\$3,860	\$7,720
Room	\$2,600	\$2,600	\$5,200
Board	<u>\$2,100 (\$2400)</u>	<u>\$2,100 (\$2400)</u>	<u>\$4,200 (\$4800)</u>
International Fee	<u>\$4,000 (\$5000)</u>	<u>\$0.00</u>	<u>\$4,000 (\$5000)</u>
Total	\$12,560	\$8,560	\$21,120 (\$22,720)

- **Tuition fees** subsidize the Non-SK students. **LCBI High School does not receive grants from Saskatchewan Learning for Non-Saskatchewan Students.**
- **Room fees** cover all costs of living in the residence, residence supervision, room keys and residence maintenance.
- **Board fees** cover all cost of daily meals.
- **International Fees, Tuition, Room and Board (1 semester)** must be paid in full prior to the first day of the semester
- **ESL English Language Fees will be assessed as required for international students:**
 - ESL English Language Support – 1st year \$8,000
 - ESL English Language Support – 2nd year \$4,000
 - ESL English Language Support – 3rd year \$2,000
- * **An IELTS or TOEFEL is required for assessment purposes during the application process**

School breaks and long weekends (as designated in the school calendar) are not included in the room and board fees. Dorms are closed during these holidays. When required, a homestay may be provided for international students on school breaks when dorms are closed. There is a fee for this homestay service.

Student Name: _____

MANDATORY FEE PAYMENTS:

- Student Activity Fee - \$250.00** (yearbook, on-campus activities, Faith and Life events)
- Resource fee - \$75.00** (student insurance, technology, textbook replacement)
- Grad fee (Gr 12 only – semester 2) - \$250.00**
- Tuition (Non Sask) - \$7720.00**
- Tuition (International) - \$7720.00**
- Board/Room (Dorm Students) - \$9400.00**

OPTIONAL FEE PAYMENTS (Check those that apply):

- Monthly Meal Plan - \$600.00/semester (Dinner meals only)
Individually Billed Meals: Breakfast – \$5; Dinner – \$7; Supper – \$10 (invoiced monthly)
 I give permission for my child to eat the occasional meal in the cafeteria and I know that we will be invoiced at the end of each month. This is in addition to the meal plan. My child needs to sign up for meals in advance. Sign-up sheet is in the cafeteria.
- Athletic Fees (invoiced after team selections; includes Hotel Room (if advancing to Provincials)
Girls Volleyball \$250 Travel, Referees
Boys Volleyball \$150 Travel, Referees
Football \$300 Travel, Referees, Equipment
Soccer \$50 Travel, Referees
Cross Country \$25 Travel
Golf \$50 Travel, Green Fees
Basketball \$400 Travel, Referees, Tournament Fees
Curling \$50 Travel, Honorarium for Rink Use
Badminton \$25 Travel
Track & Field \$100 Travel
- Choir Fee - \$90.00 (Travel and T-Shirt - Invoiced after Choir selection)
- School Musical Fee - \$25.00 (Props & Copyright - Invoiced after Auditions)
- Phys Ed 20 & 30 Fee - \$60.00 (Activities & Travel Off Campus - Invoiced)

Miscellaneous Fees (Invoiced - as detailed on statement)

Bison Clothing Orders (3-4 times a year – this is not **Team** clothing orders) Payment needed before receiving clothing order – cash or cheque preferable –bring payment to office with clothing order form.

Alpine, YC, Canoe or Ski Trip – TBD (To be paid before the trip)

Student Parking Fee:

- Dorm Student - \$50.00/semester
- Day Student - \$25.00/semester

Lost Key Replacement (Dorm) \$25.00

Van Shuttles to Saskatoon (One Way)

- Multi Passenger - \$25.00
- Single Passenger - \$50.00
- In town trips - \$5.00

PAYMENT OPTIONS - Please choose a payment option for each category

School Fees:

Mandatory Fee payment: _____Cheque _____Cash

OR _____ Please charge fees to my Credit Card (Authorization attached)

Optional Fee payment (after being invoiced): _____Cheque _____Cash

OR _____ Please charge fees to my Credit Card (Authorization attached)

Parent Signature

Date

Tuition, Room & Board Fees: (billed at beginning of each semester – payment plans available)

Tuition, Room and Board payments: _____ Cheque _____Cash

OR _____ Please charge fees to my Credit Card (Authorization attached)

Parent Signature

Date

International & ESL Fees: Paid in full at the beginning of the Semester

Fee payment: _____ Cheque _____ Cash

OR _____ Please charge fees to my Credit Card (Authorization attached)

Parent Signature

Date

TUITION and ROOM & BOARD PAYMENT PLANS

Please select one of the following payment options:

- 1. Fees will be paid on or before the first day of the semester
- 2. 50% of the fees will be paid on or before the first day of the semester. The remainder will be paid by cheques postdated for the 1st of every month. **Arrangements for payment options must be made prior to the first day of the semester.**

ACKNOWLEDGEMENT

Please initial:

_____ I agree to all the conditions and Tuition, Room and Board, and Student Fee payments.

Withdrawals and Expulsion rates as explained in the LCBI 2017-18 Financial Contract

PAYMENTS:

Tuition or a portion thereof may be used as a charitable donation for Income Tax purposes (for Canadian students only).

Donation receipts will be issued after the end of each calendar year in accordance with CRA Information Circulation 75-

23. For students who receive a scholarship and bursary, a T4A will be issued after the end of the calendar year.

- Payments are due on the FIRST day of every month and a 1% late charge will apply to all instalments received after the 15th day of the month.
- In the event that the Non-SK students' tuition and/or fees are in arrears we understand that the student may not participate in the next semester classes until the tuition and/or fees are paid.
- All invoices must be paid by cheque or credit card upon receipt. Please be aware that credit card transactions cost the school significant fees. An alternate form of payment is preferred if possible. Please ensure a completed Credit Card Application Form is on file with the school on or before the first day of the semester should you require credit card transactions.
- All dishonoured cheques will be charged a \$50 NSF fee.

LCBI High School does not receive grants from Saskatchewan Learning for Non-Saskatchewan Students