



2021 – 2022
Application Package



Application Checklist

- Form A: Student and Family Information
- Form B: Student Health Information
- Form C: Physician's Report (Dorm Only) –To be Completed by the Dorm Student's Physician
- Form D: Academic Reference
- Form E: Professional Reference
- Form F: Personal Profile
- Form G: Financial Contract and Student Fees
- Application Fee of \$100.00
- Copies of report cards
 - Incoming Grade 9's require Grade 8 Report Cards (Midterm and Final June)
 - Incoming Grade 10's require Grade 9 Report Cards (Midterm and Final June)
 - Incoming Grades 11 & 12 require all High School (Gr 10 & 11) Report Cards (Sem. 1 & 2)

**Please submit completed application package to
LCBI High School - Admissions Office via:**

EMAIL- admissions@lcbi.sk.ca

FAX- 306-867-9947



Form A: Student and Family Information

Date of Application: ____ / ____ / ____ Applying For: Day Student Boarding Student
Year Month Day

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

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

Hospitalization #: _____

Citizenship: _____ I wish to identify myself as: First Nations / Metis / Inuit

Current Grade: _____ Grade Applying For: _____ Start date: September 2020 January 2021

Current School: _____

Current School Address and Phone: _____

Student's cell#: _____ Student's email: _____

Religious Affiliation: _____

General Correspondence & Communication (school announcements, report cards, general information)
 Both Parents Father Mother Stepfather Stepmother Other

Father's Information (please indicate if Stepfather)

Name: _____

Primary Contact #: _____ Cell Home

Alternate Phone #: _____ Cell Home

Place of Employment: _____

Mailing Address: _____

Physical Address: _____
Street Address or Land Description

City Prov/State Postal Code

Email: _____

Mother's Information (please indicate if Stepmother)

Name: _____

Primary Contact #: _____ Cell Home

Alternate Phone #: _____ Cell Home

Place of Employment: _____

Mailing Address: _____

Physical Address: _____
Street Address or Land Description

City Prov/State Postal Code

Email: _____

Student's parents are: Married Divorced Separated Other

Student Normally Resides with: Both Parents Father Mother Stepfather Stepmother

Legal Custody: Shared Father Mother Other

Other Children in the Family (Name and Birthdate): _____

ALTERNATE Contact - In case of Emergency if parent or legal guardian cannot be reached:

Name: _____

Relationship to Student: _____

Address: _____

Telephone Home: _____ Cell: _____

***It is the policy of LCBI to contact parents/legal guardians,
at the earliest opportunity,
in the event of serious illness or injury.***

Declaration:

I would like the Admissions Team to consider the application of the aforementioned student for the 2020-2021 school year. I am supportive of the programs, missions, and policies of LCBI High School. I/We certify that all particulars are true and complete in all aspects and no information has been withheld. LCBI reserves the right to cancel any admission ruling on medical or other grounds at LCBI's discretion.

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 #: _____

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

Address: _____

Concussions: Yes No If yes, how many and dates: _____

Allergies: Yes No If yes, please describe: _____

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

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

Hospitalizations: Yes No If yes, please describe

Mental Health:

Has the student currently, or in the past, received counselling? Yes No
If yes, please provide the most recent evaluation from your mental health practitioner.

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 health 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/vape-free campus. Please disclose any history of the following:

Alcohol Use: Yes No

Drug Use: Yes No

Tobacco/Vape 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

If yes, please provide the most recent evaluation by the health practitioner or treatment centre/addictions counsellor.

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 How long?
	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"/>		

Authorization, Release, and Indemnity

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 staff officers, employees, and agents 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 (Dorm Students Only)

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, or substance abuse treatment? If applicable, please describe:

Past/Current Illness/Conditions (check below)

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

Comments: _____

Current Medication(s): _____

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



Form D: Academic Reference

Applicant & Parent/Guardian

Please complete the section below and forward this form to your current teacher.

I/We waive our right to read this confidential recommendation and the school report on behalf of:

Date: _____ / _____ / _____
Year Month Day

Grade Applying: _____

Student Name: _____
Last Name First & Second Names

Parent Name: _____
Father's Name Mother's Name

Address: _____
Street City Province Postal Code

Home Phone: _____ Cell Phone: _____

Signature of Student Signature of Parent/Guardian

To the Current Teacher,

Thank you for completing this recommendation.

THIS RECOMMENDATION 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

Teacher Contact Information:

School: _____

School Mailing Address: _____

Email Address Telephone Fax

How well do you know the student academically? _____

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

What course/courses have you taught the student? _____

Student's Evaluation:

	One of the Best I've Taught	Excellent	Above Average	Average	Below Average	No Basis for Judgement
Basic Skills Knowledge & Accuracy	<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"/>
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



Form E: Professional Reference

(Pastor, Employer, Youth Leader or Coach)

LCBI
HIGH
SCHOOL

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

Please forward directly to:
LCBI High School - Admissions
via Email-admissions@lcbi.sk.ca
or via FAX 306-867-9947

Name of Student: _____

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

What comments would you make concerning this student's strengths and weaknesses? In your estimation what are some reasons this student wants to attend LCBI High School?

Describe the student's family make-up. 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
Intellectual Curiosity					
Motivation					
Emotional Maturity					
Integrity					
Dependability					
Consideration for Others					
Positive influence and potential for leadership					

Would you recommend this student?

Yes, without reservation

Yes, with reservation

No, not at all

Please call me

Name: _____

Signature: _____

Email: _____

Phone: _____

Form F: Student Profile

(to be completed by student – use extra paper if needed)

Name: _____

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

Tell us about your friends or social groups. Do you hang out with friends at school? Do you spend time with friends outside of school? What do you and your friends like to do? How do you feel about changing schools and making new friendships?

How do you like to spend your free time?

Tell us about how you spend time using technology/electronic devices. How many hours per day do you normally spend on your phone, playing games, on the computer and on social media? What do you spend most of your time doing while online?

Are you a morning person or a "night owl"?

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/movies/games.

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: _____

Deposit:

- Upon acceptance, a Dorm student will need to provide a non-refundable deposit of \$1,000.00 by August 1st. This will be applied towards Semester 1 Dorm Fees.
- Upon acceptance, a Day student will need to provide a non-refundable deposit of \$250.00 by August 1st. This will be applied to the Student Activity Fee.

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. Please note the requirement for 'in lieu of maintenance costs' on the fee schedule below.

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 2020-2021 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.

Arrangements for payment options must be made with the Accounting Office on Opening Day or prior.

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, e-transfer 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

ACKNOWLEDGEMENT

***I agree to all the conditions and Tuition, Room and Board, and Student Fee payments.
Withdrawals and Expulsion rates as explained in the LCBI 2020-21 Financial Contract.***

Name (Please print)

Signature

Name (Please print)

Signature

LCBI FEE SCHEDULE 2020-21

	Semester 1	Semester 2	Total
SK Day Students			
Facility Fee*	\$300.00	\$300.00	\$600.00
Resource/Student Fee**	<u>\$325.00</u>	<u>\$0.00</u>	<u>\$325.00</u>
Total	\$625.00	\$300.00	\$925.00
SK Boarding Students			
Resource/Student Fee**	\$325.00	\$0.00	\$325.00
Room	\$2,600.00	\$2,600.00	\$5,200.00
Board	<u>\$2,400.00</u>	<u>\$2,400.00</u>	<u>\$4,800.00</u>
Total	\$5,325.00	\$5,000.00	\$10,325.00
Non-Saskatchewan Students			
Resource/Student Fee**	\$325.00	\$0.00	\$325.00
Tuition	\$3,860.00	\$3,860.00	\$7,720.00
Room	\$2,600.00	\$2,600.00	\$5,200.00
Board	<u>\$2,400.00</u>	<u>\$2,400.00</u>	<u>\$4,800.00</u>
Total	\$9,185.00	\$8,860.00	\$18,045.00
International Students			
Resource/Student Fee**	\$325.00	\$0.00	\$325.00
Tuition	\$3,860.00	\$3,860.00	\$7,720.00
Room	\$2,600.00	\$2,600.00	\$5,200.00
Board	\$2,400.00	\$2,400.00	\$4,800.00
International Fee	<u>\$5,000.00</u>	<u>\$0.00</u>	<u>\$5,000.00</u>
Total	\$14,185.00	\$8,860.00	\$23,045.00

- * A **Fee** of either \$300 or 10 hours of volunteer time is required each semester for each Day Student. **LCBI High School does not receive maintenance support costs from Saskatchewan Learning.**
- ** **Student Activity Fee - \$250.00** (Yearbook, On-Campus activities, Faith and Life events)
Resource fee - \$75.00 (Student insurance, Technology, Textbook replacement)
- **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, maintenance, 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
 - **Discount for full fee payment** - if all fees for the entire upcoming year are paid by July 31, a discount of \$750 will be given to Non-Saskatchewan Students and \$1,000 to International Students. This discount will be applied to the Tuition fee.

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.

OTHER MANDATORY FEE PAYMENTS:

Application Fee - \$100.00 (Non Refundable)

Grad fee (Gr 12 only – semester 2) - \$250.00

OPTIONAL FEE PAYMENTS:

Monthly Meal Plan - \$600.00/semester (Dinner meals only)

Individually Billed Meals: Breakfast – \$5; Dinner – \$7; Supper – \$10 (invoiced monthly)

Athletic Fees (invoiced after team selections; includes Hotel Room (if advancing to Provincials))

Girls Volleyball	\$250.00	Travel, Referees
Boys Volleyball	\$150.00	Travel, Referees
Football	\$325.00	Travel (Team & Coaches), Referees, Equipment
Soccer	\$75.00	Travel, Referees
Cross Country	\$25.00	Travel
Golf	\$50.00	Travel, Green Fees
Basketball	\$400.00	Travel (Team & Bison Coaches), Referees, Tournament Fees
Curling	\$50.00	Travel, Honorarium for Rink Use
Badminton	\$25.00	Travel
Track & Field	\$50.00	Travel
Choir Fee	\$150.00	Travel, Choir Festivals, hotels and T-Shirt – after Choir selection
Musical Fee	\$50.00	Props & Copyright – required after Auditions
Phys Ed 20/30 Fee	\$60.00	Activities & Travel Off Campus

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

Shuttles to Saskatoon (One Way): Multi Passenger - \$30.00; Single Passenger - \$60.00; In town trips - \$5.00