



**2022 – 2023**

# **Application Package**

Early Application Date – May 17th 2022  
Apply by the Early Application date  
to receive a \$100.00 voucher for Bison Gear



# 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](mailto: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 2022  January 2023

**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)

**Mother's Information** (please indicate if  Stepmother)

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

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

**Primary Contact #:** \_\_\_\_\_  Cell  Home

**Primary Contact #:** \_\_\_\_\_  Cell  Home

**Alternate Phone #:** \_\_\_\_\_  Cell  Home

**Alternate Phone #:** \_\_\_\_\_  Cell  Home

**Place of Employment:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
*Street Address or Land Description*

**Physical Address:** \_\_\_\_\_  
*Street Address or Land Description*

\_\_\_\_\_  
*City Prov/State Postal Code*

\_\_\_\_\_  
*City Prov/State Postal Code*

**Email:** \_\_\_\_\_

**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 2022-2023 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Grade Applying: \_\_\_\_\_  
Year                      Month                      Day

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](mailto: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:**

	<b>One of the Best I've Taught</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Basis for Judgement</b>
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:**

	<b>One of the Best I've Encountered</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Basis for Judgement</b>
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)

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 July 31st. 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 July 31st. 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 2022-2023 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 15<sup>th</sup> 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 2022-23 Financial Contract.***

\_\_\_\_\_  
*Name (Please print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (Please print)*

\_\_\_\_\_  
*Signature*



## LCBI FEE SCHEDULE 2022-23

	Semester 1	Semester 2	Total
<b>SK Day Students</b>			
Facility Fee*	\$300.00	\$300.00	\$600.00
Resource/Student Fee**	<u>\$325.00</u>	<u>\$0.00</u>	<u>\$325.00</u>
<b>Total</b>	<b>\$625.00</b>	<b>\$300.00</b>	<b>\$925.00</b>
<b>SK Boarding Students</b>			
Resource/Student Fee**	\$325.00	\$0.00	\$325.00
Room	\$2,600.00	\$2,600.00	\$5,200.00
Board	<u>\$2,650.00</u>	<u>\$2,650.00</u>	<u>\$5,300.00</u>
<b>Total</b>	<b>\$5,575.00</b>	<b>\$5,250.00</b>	<b>\$10,825.00</b>
<b>Non-Saskatchewan Students</b>			
Resource/Student Fee**	\$325.00	\$0.00	\$325.00
Tuition	\$4,400.00	\$4,400.00	\$8,800.00
Room	\$2,600.00	\$2,600.00	\$5,200.00
Board	<u>\$2,650.00</u>	<u>\$2,650.00</u>	<u>\$5,300.00</u>
<b>Total</b>	<b>\$9,975.00</b>	<b>\$9,650.00</b>	<b>\$19,625.00</b>
<b>International Students</b>			
Resource/Student Fee**	\$325.00	\$0.00	\$325.00
Tuition	\$4,400.00	\$4,400.00	\$8,800.00
Room	\$2,600.00	\$2,600.00	\$5,200.00
Board	\$2,650.00	\$2,650.00	\$5,300.00
International Fee	<u>\$5,000.00</u>	<u>\$0.00</u>	<u>\$5,000.00</u>
<b>Total</b>	<b>\$14,975.00</b>	<b>\$9,650.00</b>	<b>\$24,625.00</b>

- \* 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
  - **All English as a second language students** are required to complete an online ESL assessment as part of the application process. If it is determined that ESL support (or classes) is required, an additional charge will be added to the tuition cost.
  - **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.
  - **Alumni Discount** – a discount of \$1,000 (\$500 per semester) is available to any boarding student, new or returning, whose parents or grandparents attended LCBI

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, Referees, Equipment
Soccer	\$75.00	Travel, Referees
Cross Country	\$25.00	Travel
Golf	\$50.00	Travel, Green Fees
Basketball	\$400.00	Travel, Referees
Curling	\$50.00	Travel, Honorarium for Rink Use
Badminton	\$25.00	Travel
Track & Field	\$50.00	Travel
Choir/Handbells	\$150.00	Travel, Choir Festivals, hotels and T-Shirt – after Choir selection
Musical	\$50.00	Props & Copyright – required after Auditions
Phys Ed 20/30	\$60.00	Activities & Travel Off Campus
Robotics	\$50.00	Travel, Supplies

**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