



Society Membership Form

Please print clearly and answer all questions

DATE: _____ **PARENT SIGNATURE:** _____

FAMILY INFORMATION

PARENT'S NAME: _____
(Father) (Mother) (Family Name)

MAILING ADDRESS: _____
(Street / Box #) (City) (Province) (Postal Code)

PERMANENT ADDRESS: (If different than above)

(Street Address OR Legal Land Description OR 911 Rural Address)

PHONE (H): _____ **PHONE(C):** (Father) _____ (Mother) _____

Email Address: _____

*This will also be used for mailing lists for Society and school purposes

STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME <small>*INCLUDE PREFERRED</small>	MIDDLE NAME	MALE/FEMALE	BIRTHDATE <small>(MM/DD/YY)</small>	CURRENT GRADE

***FOR EARLY EDUCATION AND KINDERGARTEN: PLEASE INDICATE YOUR PREFERENCE OF DAYS**

Early Education Program (Half Day AM)

Mondays / Wednesdays
 Tuesdays / Thursdays
 Mon/Tues/Wed/Thurs

Kindergarten (Full Days)

Mondays / Wednesdays
 Tuesdays / Thursdays
 Either Class

*For Early Education, please include \$40 cash School District registration fee and a copy of immunization records at the time of application

Is there anything we need to know about your child or children that will help us meet their educational needs?

STUDENT NAME	COMMENTS:

CITIZENSHIP OF STUDENT(S)

Please include copies of original documentation for School Records

CHECK ONE:

- Canadian Citizen
- Permanent Resident/Landed Immigrant
- Child of a Canadian Citizen (student is not a Canadian Citizen)
- Child of a Citizen lawfully admitted to Canada for permanent or temporary residence
- Other

COMMENTS:

PREVIOUS SCHOOL ATTENDED

Please list previous school attended so the student's file can be requested

SCHOOL NAME	COMPLETE MAILING ADDRESS	DATES ATTENDED	PRINCIPAL

TRANSPORTATION OPTION

BUS SERVICE REQUESTED: **yes** **no**

If yes, the ICS Transportation Coordinator will contact you with route details and pickup times by the start of the new school year. See website for applicable busing fees. There is no busing available for Early Education students.

Please complete all the forms and return them to the Society Office as soon as possible. The Society Office will set up a Board interview with you after receipt of these forms. Additional paperwork will be required by Lethbridge School District No.51 upon final acceptance to the Society. If you have any questions about membership, please contact the Society Office at 403-327-4223.



SOCIETY FOR CHRISTIAN EDUCATION

802 - 6 Ave N
Lethbridge, AB
T1H 0S1

403-327-4223
www.societyforchristianeducation.org

FOR OFFICE USE ONLY:

Principal Signature _____

Business Manager _____