College Heights Christian School

2024-2025 ECS Financial Application Form

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Family Information					
PARENT(S)/GUARDIAN (OR F	PAYEE):				
Student Name:					
Print Last Name		Print First I	Print First Name		
Name of Daniet/a\/Cookies					
Name of Parent(s)/Guardian:		Print First I	 Name		
•	Time East Hame	111110111301	T		
Mailing Address:					
Home Tel No Cell No		Work Tel No	Work Tel No		
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Email:					
	ECS Fee Schedul	e 2024-2025			
Item	Cost		No. of	Total to be	
	Free! ©		Students	paid	
ECS Program Fee Registration Fees:	Free:	<u> </u>			
Class Fund Fee (mandatory and					
nonrefundable)	\$205.00				
Technology Fee	\$130.00				
Bus Fees - (Daily Busing) (if applicable)	\$800/year/student to a maximum of \$1600 per family				
Pick up OR Drop Off only	\$500/year/student				
			Total Fees		
Parents employed by: Albe	rta Conference 🗆 Burman 🛚	University			
Additional children:					
		Grade:			

Notes

• There will be a \$30 service charge for NSF cheques.

Please indicate if daily busing is required:	yes	no	(circle one)
Address for bused student pick up/drop off:			
Financial Commitment Required			
I, the undersigned, will be prepared at registra	ition time,	to fulfill my fina	ancial commitment as outlined above.
Signature of Parent/Guardian:			Date:

BUS REQUEST: