



**CHEK**  
**ACROSS BC**  
 Christian schooling at home.

**Re-Enrollment Application**

810 Tenth Street  
 Nelson, BC V1L 3C7  
 (250) 352-0526 or 1-888-352-CHEK  
 Fax: (250) 352-0546  
[www.chekabc.com](http://www.chekabc.com)

**DATE:** \_\_\_\_\_

**School Year: 2009/2010**

**PARENTS:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**STUDENT OR STUDENTS:**

Name \_\_\_\_\_ Going into Grade \_\_\_\_\_

Name \_\_\_\_\_ Going into Grade \_\_\_\_\_

Name \_\_\_\_\_ Going into Grade \_\_\_\_\_

Name \_\_\_\_\_ Going into Grade \_\_\_\_\_

Name \_\_\_\_\_ Going into Grade \_\_\_\_\_

- Please include any changes for emergency contacts, doctor, allergies, alerts, etc.

I/We are willing to support the school, the decisions of the Principal and the regulations passed by the school board. Yes \_\_\_\_ No \_\_\_\_

An updated handbook will be sent to you and any further updates will be sent regularly.

Signed: Father \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_

(Note: Typed in names suffice as signatures)