

HERITAGE CHRISTIAN  
**ONLINE SCHOOL**.CA  
**Homeschool Registration Application**

The fields marked with a \* are required and must be fully filled in.

### Guardian Information

#### Primary Guardian Information

|                  |       |
|------------------|-------|
| First Name *     | <hr/> |
| Last Name *      | <hr/> |
| Occupation       | <hr/> |
| Phone Number *   | <hr/> |
| Fax Number       | <hr/> |
| E-Mail Address * | <hr/> |

#### Secondary Guardian Information

|                |       |
|----------------|-------|
| First Name     | <hr/> |
| Last Name      | <hr/> |
| Occupation     | <hr/> |
| Phone Number   | <hr/> |
| Fax Number     | <hr/> |
| E-Mail Address | <hr/> |

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**Primary Guardian: Home Address**

|                   |       |
|-------------------|-------|
| Street Address *  | <hr/> |
| City *            | <hr/> |
| Province/State *  | <hr/> |
| Postal/ZIP Code * | <hr/> |
| Country *         | <hr/> |

**Primary Guardian: Mailing Address**

|                   |       |
|-------------------|-------|
| Street Address *  | <hr/> |
| City *            | <hr/> |
| Province/State *  | <hr/> |
| Postal/ZIP Code * | <hr/> |
| Country *         | <hr/> |

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**Secondary Guardian: Home Address** *(if different from primary guardian)*

|                 |       |
|-----------------|-------|
| Street Address  | <hr/> |
| City            | <hr/> |
| Province/State  | <hr/> |
| Postal/ZIP Code | <hr/> |
| Country         | <hr/> |

**Secondary Guardian: Mailing Address** *(if different from primary guardian)*

|                 |       |
|-----------------|-------|
| Street Address  | <hr/> |
| City            | <hr/> |
| Province/State  | <hr/> |
| Postal/ZIP Code | <hr/> |
| Country         | <hr/> |

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**Student Information**

**Student's Names**

|                       |   |
|-----------------------|---|
| Legal First Name *    | <hr/>   |
| Legal Middle Name(s)  | <i>If your student has a middle name, you must fill in the below field or we will be unable to process this application. *</i><br><hr/> |
| Legal Last Name *     | <hr/>   |
| Previous Last Name    | <i>Fill in this field if the student's last name was previously changed.</i><br><hr/>   |
| Usual First Name *    | <hr/>   |
| Usual Middle Name(s): | <i>If your student has a middle name, you must fill in the below field or we will be unable to process this application. *</i><br><hr/> |
| Usual Last Name *     | <hr/>   |

**Student Information**

|                                    |       |
|------------------------------------|-------|
| Phone Number *                     | <hr/> |
| Student's E-Mail                   | <hr/> |
| Student's Care Card # *            | <hr/> |
| Student's PEN Number<br>(if known) | <hr/> |



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**Student's Home Address**

|                   |       |
|-------------------|-------|
| Street Address *  | <hr/> |
| City *            | <hr/> |
| Province/State *  | <hr/> |
| Postal/ZIP Code * | <hr/> |
| Country *         | <hr/> |

**Student's Mailing Address**

|                   |       |
|-------------------|-------|
| Street Address *  | <hr/> |
| City *            | <hr/> |
| Province/State *  | <hr/> |
| Postal/ZIP Code * | <hr/> |
| Country *         | <hr/> |

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**Student's Current Educational Information**

**Student's Education Information**

|  |   |
|--|---|
| Present Grade Level *  | _____   |
| Grade Applying For *   | _____   |
| Date of Student's Birth *<br>(YYYY/MM/DD)                              | _____   |
| Place of Student's Birth *   | _____   |
| Student's Gender *   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Admission Requested *<br>(use <i>September 2007</i> if unsure) | _____   |

**Student's Citizenship**

|   |  |
|---|--|
| Canadian Citizen *  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If NO, what is the Student's Citizenship:<br>_____ |
| Does your family reside in British Columbia, Canada? *              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are you Landed Immigrants in Canada? *                              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Is your family or student here on a special work or student visa? * | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**First Nations Ancestry**

|   |  |
|---|--|
| Is the student of First Nations Ancestry? * | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Status *                                    | <input type="checkbox"/> Not Applicable (student is not of First Nations Ancestry)<br><input type="checkbox"/> Status<br><input type="checkbox"/> Non-Status |
| Band Number                                 | _____  |

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**Student's Educational History**

**School 1**

|  |  |
|--|--|
| Is this the first school the student has ever been with? * | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Name of School *   | <hr/>  |
| Location of School *<br>(City & Province/State)            | <hr/>  |
| Month/Year Attended *                                      | <hr/> to <hr/>   |
| Grades *   | <hr/> to <hr/>   |
| Type of School *   | <input type="checkbox"/> Homeschool Registrant <input type="checkbox"/> DL<br><input type="checkbox"/> Traditional Campus <input type="checkbox"/> N/A |
| Reasons for my student changing schools                    | <hr/> <hr/> <hr/>  |

**School 2**

|   |  |
|---|--|
| Name of School                                | <hr/>  |
| Location of School<br>(City & Province/State) | <hr/>  |
| Month/Year Attended                           | <hr/> to <hr/>   |
| Grades  | <hr/> to <hr/>   |
| Type of School                                | <input type="checkbox"/> Homeschool Registrant <input type="checkbox"/> DL<br><input type="checkbox"/> Traditional Campus <input type="checkbox"/> N/A |
| Reasons for my student changing schools       | <hr/> <hr/> <hr/>  |





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### Required Documents

Please mail or fax this application to:

**Mail:** Heritage Christian Online School  
905 Badke Road  
Kelowna, British Columbia  
Canada  
V1X 5Z5

**Fax:** 1-250-762-9277

Once your application is received, you will hear from Heritage Christian Online School by mail/e-mail/phone to confirm that we have received your application and to schedule a phone conversation.

You need to include the following documents with this registration application.

- A signed copy of your student's birth certificate
- A signed copy of the parent's proof of residence, the legal residency form.
- A signed copy of any appropriate documents in regards to citizenship, immigrant or visa status.

Thank you for registering your student in Heritage Christian Online School. It is our prayer that the education and discipleship of your student be fulfilling and complete through your relationship with HCOS.

### Our Contact Information

**Address:** 905 Badke Road  
Kelowna, British Columbia  
Canada  
V1X 5Z5

**Local Phone:** 862-2376      **Toll Free:** 1-877-862-2375      **Fax:** 1-250-762-9277

**Registration Questions:** [registration@OnlineSchool.ca](mailto:registration@OnlineSchool.ca)  
**General Information:** [info@OnlineSchool.ca](mailto:info@OnlineSchool.ca)