



# Higher Ground Christian School

1 Shirley Street SE, Medicine Hat, Alberta, Canada, T1A 8N5  
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E-mail: principal@highergroundchristianschool.ca

## 2024-2025 FINANCIAL PLAN

### REGISTRATION FEE:

\$200 per student  
(unless registered by April 30th, then \$150 per student)

### BUSSING FEE:

\$850 per family

### PAYMENT PLAN:

cash,  etransfer@highergroundchristianschool.ca,  checks (payable to *Higher Ground Christian School*), or  credit card (Donate Now button at www.highergroundchristianschool.ca)

Initial all that apply:

\_\_\_\_\_ Monthly payments

\_\_\_\_\_ Full payment (date: \_\_\_\_\_ )

\_\_\_\_\_ Other

Please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Assistantship applied for (Fill in application on the back of this form)

I understand that education comes at a cost and that I am responsible for paying fees or making other financial arrangements to make sure the fees for my child(ren) are covered for the full year.

\_\_\_\_\_  
Parent/Guardian Name                      Parent/Guardian Signature                      Date

## FINANCIAL ASSISTANCE APPLICATION

Name of Student(s): \_\_\_\_\_

Amount asking assistance for: \$\_\_\_\_\_ Student SIN # (if available) \_\_\_\_\_

*Assistantship money comes from the Worthy Student Fund, which is funded by generous donations from church members and others wanting to support Christian Education. However, it is not an endless supply of money. We ask that you consider carefully what you are able to contribute and that you also check other sources, such as your relatives and church family (if applicable) before deciding how much you need from the Worthy Student Fund. Individual applications will be brought before the HGCS School Board for approval.*

**Please tell us a little about your need for assistance:**

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I have done a careful evaluation of personal family finances and have checked relatives and/or church family to see what further contributions can be made toward my child(ren)'s education BEFORE indicating my financial need here. I understand at any time, I can offer to contribute more or re-apply for more assistance if needed and that each application will need to be approved by the HGCS School Board.

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Parent/Guardian Name

Parent/Guardian Signature

Date

Office Use Only:

Approved for amount \$\_\_\_\_\_ – Date: \_\_\_\_\_

Board Meeting Minutes \_\_\_\_\_