FAX COVER SHEET

(Use this Cover Sheet to fax your application to our Enrollment Office or mail your application to the address below.)

CARONPORT HIGH • SCHOOL

FAX IT(cover sheet)

To: Admissions Office FAX: 1-800-667-2329

CHS Applicants Name: _____

If there is difficulty with this transmission please call: (_____) _____
area code

There are _____ page(s) in this fax transmission (including cover sheet).

APPLICATION FEE PAYMENT METHOD (please check one)

☐ **VISA** ☐ **Cheque or Money Order enclosed**
☐ **MasterCard** ☐ **Cheque or Money Order will be sent separately**

Credit Card #: _____ Expiry Date: _____/_____

Cardholder Name: _____ Amount: $50.00

Signature: _____

Or mail these forms to:

Caronport High School
Enrollment Services
510 College Drive
Caronport, SK S0H 0S0

If you have any questions:

Call: 1-800-667-5199
Email: enrollment@briercrest.ca