



THE WINNIPEG SCHOOL DIVISION
APPLICATION FOR REGISTRATION OF
School-Age Non-resident Student
(Fee Payable, as applicable)

Purpose: Information obtained will be used by the Winnipeg School Division to determine eligibility of student. This personal information is being collected under the authority of the Public Schools Act for school related purposes. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act.

Provided space is available, this application applies to:

- Non-resident student who will be 5 to 20 years of age at the start of the school year or semester in question.
- Non-resident student who requires additional programming or support services, eg., an individual education plan or additional Educational Assistant, etc.
- Non-resident student where the Home School Division (under the Public Schools Act) is required to pay for program(s) not available in the Home School Division.
- Non-resident student waiver of fees.
- Student whom Manitoba Education & Training does not support, i.e., Foreign student, exchange foreign student, & student from another Province.

SECTION 1

Name of Student _____
(Surname) (Given Name)

Male Female

Student Address
St No. Street Name City Prov Postal Code

Parent's Name _____
(Surname) (Given name)

Parent's Address:
St No. Street Name City Prov Postal Code

Home School Division/District _____

If not a Canadian Citizen, are you a Landed Immigrant Temporary Resident

Date of Application _____

Birthdate _____
Day Month Year

Met #: _____ **Student #:** _____

Has the student moved? _____ **Date of move** _____

Telephone No.: _____
Residence

Telephone No.: _____
Residence Business

Contact Person: _____

Contact Person Complete Address & Phone #

Refugee Visa Student Date Visa Expires _____

SECTION II

Last school and grade in which standing has been obtained:
School _____
Last grade completed _____
Year Last grade completed _____
Has student repeated any grade(s)? _____ **If yes, what grade(s)?** _____

School Requested _____ **Grade** _____
Program Requested _____
Number of credits required to graduate _____
Non-Semester Semester Semester II Both Semesters
Anticipated start date of enrolment _____

SECTION III

Reason student does not wish to attend school in Home School Division? _____
Is the student currently expelled/suspended from any School Division? Yes _____ No _____
If yes, please explain _____
Has the student been suspended from school during the previous 12 months Yes _____ No _____
If yes, please explain _____
Does the student require additional programming or support services which would incur additional cost to The Winnipeg School Division? (i.e. specialized equipment/Educational Assistant) Yes _____ No _____
If yes, please explain _____

SIGNATURE OF PARTY RESPONSIBLE FOR PAYMENT OF NON-RESIDENT FEES (Section IV or V)

I/We, in consideration of the applicant's being admitted to a school in The Winnipeg School Division, do hereby agree to pay to The Winnipeg School Division the non-resident fees payable, as applicable. It is understood that, if the applicant withdraws during the school term, fees will be payable to the date of notice of withdrawal.

SECTION IV TO BE COMPLETED BY SPONSORING DIVISION AGENCY

Fee payable by Home School Division/Agency for the period
September, 20 _____ **to June 30, 20** _____

Signature of Secretary-Treasurer/Agency _____ Date _____

All correspondence and invoices for billing purposes pertaining to this student are to be forwarded to:

Name of sending school division, or sponsoring agency _____

Address _____
City _____ Province _____ Postal Code _____

SECTION V PARENT/LEGAL GUARDIAN

I hereby apply for enrolment of the above noted student in The Winnipeg School Division in accordance with Division Policy JEC and the Public Schools Act and recognize that acceptance is subject to a maximum class size at the school. I understand a condition of continued enrolment is that the student's work, attendance and behaviour must be satisfactory to the Principal. *JEC Policy requires foreign students obtain Health Insurance Coverage.

Signature of Parent or Legal Guardian _____ Date _____

SECTION VI TO BE COMPLETED BY THE WINNIPEG SCHOOL DIVISION ADMINISTRATION

_____ Date _____ Principal Signature _____

SECTION VII WAIVER OF FEES Yes No

_____ Date _____ Superintendent's Signature _____