



WESTPARK SCHOOL

B2375 Saskatchewan Ave. W.

Portage la Prairie, MB R1N 4A6

Phone: 204-857-3726 Fax: 204-239-6545

Web Address: www.westparkschool.com Email: office@westparkschool.com

Academics for Today, Character for Tomorrow, Jesus Forever

For Office Use

Application/ Tuition Deposit
Received Date:

Kindergarten Application for Admission

Student Information

Legal name of Student:

(Legal Last Name) (Legal First Name) (Legal Middle name) (Birthdate MM/DD/YYYY)

Student Address: _____
(Mailing Address) (Postal Code) (Home Phone #)

Student Manitoba Medical # (9- digit): _____ Student Family # (6-digit): _____

Student lives with:

Parents Father Mother Legal Guardian Foster Parents Other

Father/Guardian _____
(First name/Last name) (Email) (Cell#)

(Place of Employment) (Work Phone #) (Church Affiliation)

Mother/Guardian _____
(First name/Last name) (Email) (Cell#)

(Place of Employment) (Work Phone #) (Church Affiliation)

Joint Custody – Additional Student Address: (Please Circle) Father / Mother

Student Address: _____
(Mailing Address) (Postal Code) (Home Phone #)

***Please note: copy of legal documentation must be provided to the school**

Custody: Are there any legal restrictions to this student? (Please Circle) YES / NO

Send additional report card? (Please Circle) YES / NO

How did you hear about Westpark School?

Media/Advertising Friends/Family Church Website Other _____

We want to enrol this child in Westpark School because: _____

Emergency Contacts

If the listed Parents/Guardians are unavailable during an emergency, the school should call:

- 1) _____
(Relationship to Student) (Name) (Day Time Phone #)
- 2) _____
(Relationship to Student) (Name) (Day Time Phone #)

Aboriginal Identity Declaration

Aboriginal/Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Advanced Learning and school divisions to plan and improve programs in a way that is responsive to Aboriginal/Indigenous learners. The information you provide is collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act. Providing this information is voluntary and optional. For more information about Aboriginal/Indigenous Identity Declaration, please visit: <http://www.edu.gov.mb.ca/aed/abidentity.html>. If you have any questions regarding the collection of this personal information, please contact the school principal.

Please check only one of the following identities, if it applies to your child: (These include Status and NonStatus Indians)

- Aboriginal/Indigenous First Nation Métis Inuit

If you have selected an Aboriginal/Indigenous identity, please check up to two of the following cultural linguistic identities that best describe your child:

- Anishinaabe (Ojibway/Saulteaux) Oji-Cree
 Ininew (Cree) Michif
 Dene (Sayisi) Inuktitut
 Dakota Other _____

Student Health Information

Does the student have a diagnosed health condition?

- Asthma Hard of Hearing Diabetes
 Inhaler Seizures Vision
 Allergy: _____ EpiPen

Other, please specify: _____

**Please note that any medication needing to be administered during the school day, must be kept in the school office.*

Any other information the school should have about the student's health: _____

Child's Doctor _____ Phone Number _____

Student Support Services

Please indicate if the student has utilized any of the following services:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Resource | <input type="checkbox"/> Reading | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Child in Care | <input type="checkbox"/> School Counsellor | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Outside Agency | <input type="checkbox"/> Other _____ |

Has this child ever had any serious discipline/police problems or been expelled or suspended from school?

(Please Circle) YES/NO

If yes, give details _____

Has this child ever received or been recommended for specialized assistance at school?

(Please Circle) YES/NO

If yes, give details _____

****The Support Services information will only be shared with appropriate individuals and is only used to provide services to your child is deemed necessary.***

Parent/Guardian Signature

Enrollment Application must include:

- | | |
|---|---|
| <input type="checkbox"/> A copy of Students Birth Certificate | <input type="checkbox"/> URIS (if applicable) |
| <input type="checkbox"/> A Profile Photo of the Student | <input type="checkbox"/> New Student Application fee - \$40 |

****I give permission for members of the media and staff, at the discretion of the Principal, to take pictures/video of my child. Photos may be used for School promotion, on the website, or in school or school yearbook. Initial please _____***

I have read and understand the statements of Westpark School's philosophy and objectives and policies as stated in the information manual (available at www.westparkschool.com).

- I agree to support the school in applying these principles in the teaching of my child.
- If my child is accepted, I will support him or her and Westpark School.
- The information in this application is accurate to the best of my knowledge.

Signatures of (both)Parent(s)/Guardian(s):

- Father/Guardian Date ____/____/____
(mm) (dd) (yyyy)
- Mother/Guardian..... Date ____/____/____
(mm) (dd) (yyyy)

***NOTE: Submission of application form does not guarantee enrolment.
The leadership team will make final admission decision.***



WESTPARK SCHOOL TUITION AND FEE CALCULATION SHEET

Name: _____ Ph: _____

Email: _____ # of Children enrolled (Kindergarten = 0.5) _____

Box A

1) Tuition (per chart in Box D on reverse)	\$
2) Capital Fee (per family)	+ \$200.00
3) Student Fees	+ \$
Kindergarten \$50 x _____ students	
Grades 1 – 12 \$100 x _____ students	
4) Total Tuition, Capital & Student Fees (# 1 + # 2 + # 3)	= \$
5) Less Early Re-enrolment Discount	- \$
Deposit paid by April 15 th	
\$100 x _____ students	
6) Less Tuition Deposit	- \$
Due upon acceptance or re-enrolment	
\$100 x _____ students	
7) Total Remaining (# 4 – # 5 – # 6)	= \$
8) Less Early Payment Discount if paying in full before June 30th, subtract 5% of line 1 for discount	- \$
9) Total Payable (# 7 – # 8)	= \$

Box B

Indicate your Tuition Payment Choice

- Lump Sum payment
- Pre-authorized Debit (Complete PAD authorization information in **Box C**)
- I am requesting a tuition assistance information and application package (**Tuition Deposit Required**)

Box C

Pre-Authorized Payment Option

- Keep banking information the same as previous year. Change the amount only.

Bank Information:

- Option #1:** Attach a “void” cheque.
- Option #2: Fill out bank information below (all info is required!)**

Name of Institution: _____ Branch Address: _____

City/Prov.: _____

Transit #: (5 digits) _____ Institution #: (3 digits) _____

Account #: (7+ digits, include all zeros) _____

Frequency of Payment:

- Bi-weekly (Every other Friday)
- Semi-monthly (1st and 15th only)
- Monthly (1st or 15th)

Payment Amount: \$ _____ (Total Payable from **Box A Line # 9** divided by number of payments)

Start Date: _____ End Date: _____

*Tuition payments for this school year must be completed on or before June 30th.

Box D**Tuition Costs:**

	Cost Per Student	Number of Students	Total
Kindergarten	\$1550		
Grade 1 – 4	\$3100		
Grade 5 - 8	\$3300		
Grade 9 – 12	\$3600		
Subtotal			\$

Family Discounts:

Number of Children in School	Discount	
1.5	\$250	<input type="checkbox"/>
2	\$500	<input type="checkbox"/>
2.5	\$750	<input type="checkbox"/>
3	\$1000	<input type="checkbox"/>
3.5	\$1250	<input type="checkbox"/>
4	\$1500	<input type="checkbox"/>
4.5	\$1750	<input type="checkbox"/>
5 or more	\$2000	<input type="checkbox"/>

Net Tuition Costs after Family Discount	\$
--	-----------

A brief explanation of fees:

Capital Improvement Fee: This fee goes towards the capital expenses that the school needs to keep and maintain the facility (things in the building, not books). Capital fees do not go toward new building construction. They are supplemented by budgeted money from the general fund of the school. The Capital fee provided throughout is 100% tax deductible and is included with the tuition portion on your annual tax receipt.

Student Fees: These fees cover the cost of school supplies provided to students as well as field trips for the year. Please note, you will not be reimbursed for activities if your child does not attend.

Office Use Only

Form Received: _____ Deposit Received: _____ Payments Received: _____

Notes:
