



# WESTPARK SCHOOL

B2375 Saskatchewan Ave. W.

Portage la Prairie, MB R1N 4A6

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Web Address: [www.westparkschool.com](http://www.westparkschool.com) Email: [office@westparkschool.com](mailto:office@westparkschool.com)

*Academics for Today, Character for Tomorrow, Jesus Forever*

## Enrolment Application for Admission

### For Office Use

Application/ Tuition Deposit  
Received Date:

### Student Information

Legal name of Student: \_\_\_\_\_ Registering for Grade \_\_\_\_\_

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

Student Address: \_\_\_\_\_  
(Mailing Address) (Postal Code) (Home Phone #)

School Last Attended: \_\_\_\_\_  
(Name of School)

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 repeated a grade?**

(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"/> Electronic Usage Form (gr. 5 to 12)      | <input type="checkbox"/> Copies of report Card(s) from previous grade |
| <input type="checkbox"/> Off Campus Privileges Form (gr. 9 to 12) | <input type="checkbox"/> Student Release of Information               |
| <input type="checkbox"/> URIS (if applicable)                     | <input type="checkbox"/> New Student Application fee - \$40           |
| <input type="checkbox"/> A Profile Photo of the Student           |   |
| <input type="checkbox"/> A copy of Students Birth Certificate     |   |

***\*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](http://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.***

