



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

ENROLMENT APPLICATION FOR ADMISSION

Student Information

Date: _____, _____

Legal name of student: _____
(Legal Last Name) (Legal First Name) (Legal Middle name)

Usual name of student if different: _____
(Usual Last Name) (Usual First Name) (Usual Middle name)

Student Address: _____
(Mailing Address) (Postal Code) (Home Telephone)

Birthdate: _____ Registering for Grade: ____ For Kindergarten Registration Age as of Dec 31, 2018) ____
(MM/DD/YYYY)

School Last Attended: _____
(Name of School)

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

Student Address Information

Student lives with: Parents Father Mother Legal Guardian Foster Parents Other

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

(Employer/Phone#) (Occupation) (Church Affiliation)

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

(Employer) (Occupation) (Church Affiliation)

Other _____
(First name/Last name) (Email) (Cell#)

(Employer) (Occupation) (Church Affiliation)

Joint Custody – Additional Student Address: Father Mother

Student Address:

(Mailing Address) (Postal Code) (Home Telephone)

Custody: Are there any legal restrictions to this student? Yes No

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

Send additional report card? Yes No

Emergency Contacts

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

1 _____

Relationship to student Name Home/Work Phone Cell Phone

2 _____

Relationship to student Name Home/Work Phone Cell Phone

Aboriginal Identity Declaration

Aboriginal 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/abiderity.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 Non-Status Indians)

First Nation Métis Inuk (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) Ininiw (Cree)
 Dene (Sayisi) Dakota
 Oji-Cree Michif
 Inuktitut Other _____

Student Health Information

Does the student have a diagnosed health condition?

Asthma Inhaler Yes No

Allergy: _____ Epipen? Yes

Diabetes Hard of Hearing Seizures Vision

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 students health:

Child's Doctor _____ Phone Number _____

Student Support Services (not necessary for re-enrollment)

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

Resource

Reading

Psychiatry

Social Work

Physiotherapy

Child in Care

School Counsellor

Psychology

Speech & Language

Occupational Therapy

Outside Agency

Other _____

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

Yes

No

If yes, give details _____

Has this child ever repeated a grade?

Yes

No

If yes, give details _____

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

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 if deemed necessary.**

How did you hear about Westpark School?

- Media /Advertising
- Friends / Family
- Church
- Website
- Other _____

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

Parent/Guardian Signature

New Student Application must include:

- Electronic Usage Form (gr. 5 to 12)
- Portage on Purpose Permission Form (gr. 9 to 12)
- Off Campus Privileges Form (gr. 9 to 12)
- Photo of student
- A copy of the child’s birth certificate
- Copies of Report Card(s) from previous grade
- Student Release of Information
- New Student Application fee - \$40

Re-enrollment Application must include:

- Electronic Usage Form (gr. 5 to 12)
- Portage on Purpose Permission Form (gr. 9 to 12)
- Off Campus Privileges Form (gr. 9 to 12)
- Tuition Deposit - \$100

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.

Each week Westpark School sends out a Newsletter via email to keep parents up to date on events in the school. Please initial if you give permission to receive Westpark School’s Newsletter. Initial please _____

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

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

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

For Office Use

Application received by: _____ Date: _____

New Student Application fee received by: _____ Date: _____

Tuition Deposit received by: _____ Date: _____