



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:

Re-Enrolment Application for Admission

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 #)

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 regarding custody 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

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/Indigenous 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
 Inineew (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 _____

Parent/Guardian Signature

Re – Enrollment Application must include:

- Electronic Usage Form (gr. 5 to 12) Tuition Deposit - \$100 (per student)
 Off Campus Privileges Form (gr. 9 to 12) URIS (if applicable)

***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 re-enrollment form does not guarantee enrolment.
The leadership team will make final admission decision.**

