

Application Form for Transfer to a School of Choice



OUT-OF-DIVISION/DISTRICT

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Complete, then print this form;
Each page is to be signed and then submitted to the school of choice.

Complete Legal
Name of Student _____
Surname, Given Names (in full)

Date of Birth ____/____/____
day month year

MET # _____
(Manitoba Education No.)

Male _____ Female _____
Current Grade Level _____

NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)
Program Currently Enrolled In (Check One)					
Program Applied (Check One)					

For information on courses and placement, please contact the school of choice.

School Currently Attended _____ School Division/District _____

School of Choice _____ School Division/District _____

Name of School Division/District in which you currently reside _____

School Year Being Applied for _____ Grade _____

Names of Parent(s)/Guardian(s) _____

Mailing Address _____ Postal Code _____

Home Address/Location: (select one)

Same As Mailing Address

Street Address: _____

Legal Description of Property on Which Home is Located
(ex: section, township, range, lot, block, plan, etc.) _____

Telephone #(s) at Work _____ at Home _____

Signature of Parent/Guardian/ _____ Date _____
Age of Majority Student _____

PARENT/GUARDIAN/AGE OF MAJORITY STUDENT: You must complete this form and send to the principal of the school of choice **no later than May 15 (one application form per student).**

N.B.: This is an application form for school admission only. Questions concerning eligibility for transportation should be directed to the receiving school division/district.

OFFICE USE ONLY (To be completed by the School of Choice)

Date Received _____

Accept Yes _____ No _____

Date Effective SEPTEMBER 06, 2022

School to be Attended TEC-VOC HIGH SCHOOL

Grade Level _____

School Division/District WINNIPEG SCHOOL DIVISION

Name of School Principal DENNIS MOGG

Principal's Signature _____ Date _____

COPY TO PARENT(S)/GUARDIAN(S)

**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 Refugee Visa Student Date Visa Expires _____

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 # _____

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 I 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

This application is to be forwarded to the Secretary-Treasurer's Department of The Winnipeg School Division, 1577 Wall Street, East, Winnipeg, MB, R3E 2S5, Non-resident Section, Telephone: (204) 775-0231 Fax: (204) 783-0118