



**THE WINNIPEG SCHOOL DIVISION**  
 1577 WALL STREET EAST, WINNIPEG, MANITOBA R3E 2S5  
 TELEPHONE: (204) 775-0231 FAX: (204) 783-0118

**Request for Non-Resident Indigenous Student**

**Section I**

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_  
Given Surname day mo. yr.

Treaty No. \_\_\_\_\_ Band Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Student will reside with \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

- |   |
|---|
| <input type="checkbox"/> New Student              |
| <input type="checkbox"/> Returning Student        |
| <input type="checkbox"/> Transfer of Sch.         |
| <input type="checkbox"/> Change in Student Status |
| <input type="checkbox"/> Re-Entry                 |
| <input type="checkbox"/> Other                    |

**Section II**

Requested date of enrolment \_\_\_\_\_

School Requested \_\_\_\_\_ Grade \_\_\_\_\_ Course \_\_\_\_\_

Last school attended \_\_\_\_\_ Last grade completed \_\_\_\_\_

Does the student require additional programming or support services which would incur additional cost to the Winnipeg School Division? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**Section III TO BE COMPLETED BY SPONSORING INDIGENOUS AGENCY**

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. **It is understood that, if the applicant withdraws during the school term, fees will be payable to the date of notice of withdrawal.**

Fee payable by Indigenous Tribal Council Agency for the school year \_\_\_\_\_ to June 30<sup>th</sup>, \_\_\_\_\_

**All correspondence and invoices for billing purposes pertaining to this student are to be forwarded to:**

Name of Sponsoring Agency \_\_\_\_\_

Address \_\_\_\_\_  
Street No. City Province Postal Code

Date \_\_\_\_\_ Signature of Student Placement Officer \_\_\_\_\_

Name of Student Placement Officer \_\_\_\_\_

**Section IV To be completed by the Winnipeg School Division Administration**

I hereby confirm that space is available: **The rate per annum is \$ \_\_\_\_\_ Permit #: \_\_\_\_\_**

\_\_\_\_\_  
Date Principal Signature Enrolment Clerk 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. Attention: **Non-Resident Enrollment Clerk.**