



**This application is for the following location:**

- \_\_\_ WMEMS Bedson (St. James) 250 Bedson Street, Winnipeg, Manitoba, R3K 1R7, Ph. (204) 885-1032, Fax: (204) 897-4068
- \_\_\_ WMEMS Katherine Friesen (Fort Garry) 26 Agassiz Drive, Winnipeg, Manitoba, R3T 2K7, Ph. (204) 261-9637, Fax: (204) 275-5181

School year  Kindergarten full time   
Grade  Kindergarten half time

Please Attach  
Recent Photo Here

**PART A—STUDENT INFORMATION**

Child's Name: \_\_\_\_\_  
(Last name) (Given names -- circle name used) (Male/Female)

Birth date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age as of Sept. 1: \_\_\_\_ - \_\_\_\_ Name of School Division Where You Live \_\_\_\_\_  
Year Month Day Years Months

School Currently Attending: \_\_\_\_\_ M.E.T. Number: \_\_\_\_\_  
If Known

Has resource help been received? Has academic program been modified, or have any special learning difficulties been identified?  
Yes \_\_\_ No \_\_\_ (If marked "YES," please provide details on separate sheet of paper)

Aboriginal Identity: Yes \_\_\_ No \_\_\_ If yes, please specify: Aboriginal Other \_\_\_ Anishinabe(Ojibway/Salteau) \_\_\_ Dakota \_\_\_ Dene \_\_\_  
Ininiw (Cree) \_\_\_ Inukutuq \_\_\_ Michif (Metis) \_\_\_ Metis/Cree \_\_\_ Metis/French \_\_\_  
Metis/Ojibway \_\_\_ Oji/Cree Island Lake District \_\_\_ Uncertain of Ancestry \_\_\_

**PART B—PARENTAL INFORMATION**

**Father/Male Guardian**

**Mother/Female Guardian**

\_\_\_ Mr. \_\_\_ Dr. \_\_\_ Prof. \_\_\_ Rev.

\_\_\_ Mrs. \_\_\_ Ms \_\_\_ Dr. \_\_\_ Prof. \_\_\_ Rev.

Surname: \_\_\_\_\_

\_\_\_\_\_

Given Name(s) \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

\_\_\_\_\_

Prov./Country: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Postal Code: \_\_\_\_\_

\_\_\_\_\_

Tel: (Home) \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Tel: (Work) \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Cell/Alternate #: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Preferred Email: \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

The above named person (check all that apply)  
\_\_\_ Is fully financially responsible for the student  
\_\_\_ Is partially financially responsible for this student (\_\_\_%)  
\_\_\_ other \_\_\_\_\_

The above named person (check all that apply)  
\_\_\_ Is fully financially responsible for the student  
\_\_\_ Is partially financially responsible for this student (\_\_\_%)  
\_\_\_ other \_\_\_\_\_

We plan to: \_\_\_ Bus \_\_\_ Carpool \_\_\_ Walk Closest Crossing Street: \_\_\_\_\_

Students Parent's Are:  
\_\_\_ Married \_\_\_ Divorced  
\_\_\_ Separated Other \_\_\_\_\_

Student Lives With:  
\_\_\_ Both Parents \_\_\_ Mother  
\_\_\_ Father \_\_\_ Shared Custody  
Other \_\_\_\_\_

Custody Description:  
\_\_\_ Joint \_\_\_ Mother  
\_\_\_ Father \_\_\_ Stepmother  
\_\_\_ Stepfather  
Other \_\_\_\_\_

**PART C—SIBLING INFORMATION**

Sibling  
Information

NAME	YEAR OF BIRTH	GRADE	CHECK IF ATTENDING WMEMS

Please complete the reverse side

**PART D—EMERGENCY INFORMATION**

Name and address of a friend or relative to be contacted in the event of an emergency where contact cannot be made with the parents/guardians:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Phone(s): w: \_\_\_\_\_ c: \_\_\_\_\_

Name and phone number of your family doctor to be contacted in the event of a medical emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Manitoba Health Numbers \_\_\_\_\_ / \_\_\_\_\_  
(6 digit) (9 digit)

Allergies: \_\_\_\_\_

(Please mark "None" if this is the case)

Special Medical Restrictions/Problems & Previous Illnesses: \_\_\_\_\_

(i.e. asthma, heart conditions, diabetes, sight or hearing impairment, etc.- Please mark "None" if this is the case)

**PART E—Church Information**

**Family Church Information**

Name and Mailing address of family church (if applicable):

\_\_\_\_\_

Mennonite Church (check mark if applicable)  Parents/Guardians are members of this Church (check mark if applicable)

**PART F—GENERAL INFORMATION**

How did you hear about WMEMS? \_\_\_\_\_

Why did you choose WMEMS? \_\_\_\_\_

The following documentation must accompany this completed application form in order for the application to be considered:

1. A recent photo
2. A \$60.00 per child Application Fee (non-refundable)
3. The child's most recent progress report (not required for Kindergarten placement)
4. A copy of child's birth certificate

**Next Steps:**

You will be contacted to set up an interview for your child and yourself with the school principal.

The following fees are due on March 15<sup>th</sup> or upon your interview date, whichever comes first.

- a.) Society Fee of \$20.00 per family
  - b.) Capital Replenishment Fee of \$140.00 per student
- All of the fees are non-refundable unless grade placement cannot be provided

By completing this application form, we/I understand, accept and will abide by:

1. The guidelines in the WMEMS Code of Conduct, copy of which we have received and read;
2. The grade and class placement as determined by the WMEMS Administration;
3. The right of the WMEMS Administration to discipline our child in accordance with the WMEMS "Code of Conduct" or dismiss our child where his/her conduct warrants such action;
4. The tuition and other fees schedule, and we will pay all such fees on a regular basis in accordance with the terms set out in the WMEMS School Handbook; and
5. We understand that WMEMS encourages all parents to participate in the education of their children by offering practical help, prayer support and fundraising assistance; and
6. We hereby give permission to publish our names, address, phone, and email in the annual WMEMS family directory and contingency plan phone lists  Yes  No

Signature of parent/guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Interview Date:
Administrator's Signature: