



Train Up a Child...  
Proverbs 22:6

This application is for the following location:

\_\_\_ WMEMS Bedson (St. James) 250 Bedson Street, Winnipeg, Manitoba, R3K 1R7, Ph. 885-1032, Fax: 897-4068

\_\_\_ WMES Agassiz (Fort Garry) 26 Agassiz Drive, Winnipeg, Manitoba, R3T 2K7, Ph. 261-9637, Fax: 275-5181

School year	<input type="text"/>	Kindergarten full time	<input type="text"/>
Grade	<input type="text"/>	Kindergarten half time	<input type="text"/>

Please Attach  
Recent Photo Here

**PART A—STUDENT INFORMATION**

Child's Name: \_\_\_\_\_  
(Last name) (Given name -- 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 Status: 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**

Mother/Female Guardian

Father/Male Guardian

\_\_\_Mrs. \_\_\_Ms. \_\_\_Dr. \_\_\_Prof. \_\_\_Rev.

\_\_\_Mr. \_\_\_Dr. \_\_\_Prof. \_\_\_Rev.

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

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

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

City: \_\_\_\_\_

Prov./Country; \_\_\_\_\_ / \_\_\_\_\_

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

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

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 \_\_\_\_\_

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 \_\_\_\_\_

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

**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/Cell Phone: \_\_\_\_\_

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 \$40.00 per child Registration Fee
3. A \$20.00 per family WMEMS Society Fee
4. The child's most recent progress report (not required for Kindergarten placement)
5. A copy of child's birth certificate

**Note:** The \$140 per child Capital Replenishment Fee is due by March 15<sup>th</sup>. This fee must accompany all applications received after this date in order for the WMEMS Administration to be able to confirm acceptance of a child. As well, all of the above fees are non-refundable unless grade placement cannot be provided.

**Note:** There is a \$10 charge for the first payment returned from the financial institution and \$25 for each incident thereafter.

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

1. The guidelines in the WMEMS School and Student Handbook, 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: