



THE UNIVERSITY OF WINNIPEG
Collegiate

1W02-515 Portage Avenue
Winnipeg, MB, R3B 2E9

collegiate.uwinnipeg.ca
E. collegiate@uwinnipeg.ca
T. 204.786.9221
F. 204.775.1942

FOR OFFICE USE ONLY

Date of Application _____

Student Number _____

New (N) or Returning (R) _____

2020–21 ACADEMIC YEAR

Application for Admission for: NEW Canadian Students (Grade 9–12)

Please complete all sections of the application form.

Note: Applicants for Concurrent Status should apply directly to The University of Winnipeg.

New Applicant Checklist:

- Official transcript of all high school credits completed, and an interim report card if you are currently in school
- Letter of reference from a teacher or administrator from your current school, on school letterhead
- \$100 non-refundable application fee (returning and visiting students do not pay)
- Copy of birth certificate, passport, or permanent residency card
- Custodianship or legal orders (if applicable)
- Visiting students currently enrolled at another high school must ensure application is authorized by current school

1.0 STUDENT INFORMATION

Date of Birth _____ **Gender** _____
Month Day Year

Student's Full Legal Name _____
Last Name First Name Middle Name(s)

Permanent Home Address _____
Postal Code

Sessional Winnipeg Address (if different) _____
Postal Code

Home Phone _____ **Cell Phone** _____

Email* _____

Entering Grade (Circle One) 9 10 11 12

Citizenship and Immigration Status

- Canadian Citizen Permanent Resident

(Permanent residents must include a copy of permanent resident card/landed immigrant papers with application.)

If you would like to declare Indigenous ancestry, please specify and complete section 1.4

- First Nation Métis Inuit Uncertain of ancestry

MB Health# _____
(6 digit)

MB Health PHIN# _____
(9 digit)

Do you have any chronic health concerns or allergies? Yes No

If yes, please explain _____

If yes, a Collegiate Dean will contact you to assess whether or not URIS forms must be completed.

Are there any other concerns that could have an impact on your ability to be successful at the Collegiate? Yes No

If yes, please explain _____

Medical information is collected so that appropriate health care plans may be developed. This information will be shared only with the appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to the Collegiate Dean.

1.1 ACADEMIC INFORMATION

Current School _____

School Division in which you reside _____

Are you a high school graduate? Yes No **Year Graduated** _____

Have you been suspended or expelled from another school during the previous 24 months? Yes No

If yes, please explain _____

1.2 FAMILY INFORMATION

Parent Guardian **Relationship to Student** _____

Name _____
Last Name First Name Middle Name(s)

Home Address _____
Postal Code

Home Phone _____ **Alternate Phone** _____

Email* _____

Place of Employment _____ **Work Phone** _____

Parent Guardian **Relationship to Student** _____

Name _____
Last Name First Name Middle Name(s)

Home Address _____
Postal Code

Home Phone _____ **Alternate Phone** _____

Email* _____

Place of Employment _____ **Work Phone** _____

Student Lives with Parent(s)/Guardian(s), Same Household Parents, Joint Custody One Parent/Guardian Only
(Please attach any legal orders or custodianship documents.)

Emergency Contacts (in addition to parents/guardians)

Full Name	Phone Number	Relationship to Student

1.3 SIBLING INFORMATION

First Name _____	Date of Birth _____ Month Day Year	School _____
First Name _____	Date of Birth _____ Month Day Year	School _____
First Name _____	Date of Birth _____ Month Day Year	School _____

1.4 INDIGENOUS IDENTITY DECLARATION

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 Indigenous learners.

Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver, and improve programs.

1. I, _____
Name of Parent/Guardian (please print clearly)

- am submitting my child's Indigenous Identity Declaration for the first time.
- am making changes to my child's Indigenous Identity Declaration.
- already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. **If your child is an Indigenous person, select the option(s) that best describe your child now.**

Note: First Nation (North American Indian) includes Status and Non-Status Indians.

- First Nation (North American Indian)
- Métis
- Inuk (Inuit)

3. **Which best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices.**

- | | |
|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Ininiw |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Dakota |
| <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Inuktitut | <input type="checkbox"/> Other (please specify) _____ |

For more information about Indigenous Identity Declaration, please contact Indigenous Inclusion Directorate

Murdo Scribe Centre, 510 Selkirk Avenue, Winnipeg, MB
Phone: 204.945.7886 Fax: 204.948.2010 Toll-Free (in Manitoba): 1.800.282.8069 ext.7886
Email: aedinfo@gov.mb.ca Online: edu.gov.mb.ca/aed/abidentity.html

2.0 VISITING STUDENT AUTHORIZATION (IF APPLICABLE)

The applicant has permission to take for credit the course(s) indicated below at The University of Winnipeg Collegiate. The student has discussed his/her course selection with me and I have deemed the course(s) to be appropriate to the student's high school program. I understand that the Collegiate reserves the right to require verification that course prerequisites have been met.

Name of Current School	Approved Collegiate course(s) as listed in this application	
Name of courses to be taken at current school during 2020/2021 academic year		
Principal's Name (Please Print)	Principal's Signature	Date

3.0 HOW WERE YOU REFERRED TO THE COLLEGIATE

To help us better promote the Collegiate, please indicate which of the following people/promotions impacted your decision to apply here. (Check all that had an influence.)

<input type="checkbox"/> Billboard Advertising	<input type="checkbox"/> Cinema Advertising	Word-of-mouth:
<input type="checkbox"/> Online Advertising	<input type="checkbox"/> Transit Bus Advertising	<input type="checkbox"/> Family
<input type="checkbox"/> Print Advertising	<input type="checkbox"/> Transit Shelter Advertising	<input type="checkbox"/> Friend
<input type="checkbox"/> Social Media Advertising	<input type="checkbox"/> Other Advertising:	<input type="checkbox"/> Collegiate Alumni/Graduate
<input type="checkbox"/> Social Media Comments	_____	<input type="checkbox"/> Colleague
<input type="checkbox"/> Radio Advertising	_____	<input type="checkbox"/> Other _____

4.0 COLLEGIATE POLICIES: WAIVERS AND CONSENTS

Please complete each section by having both parents/guardians indicate with a check mark in the appropriate box.

We/I hereby give consent/permission for:	YES	NO
Our/my child to participate in school trips or programs held off campus and to be transported by bus.		
The University of Winnipeg Collegiate to photograph and publish and/or use our/my child's likeness in any communications promoting the school, which may include advertising, social media, website, and printed materials.		
The University of Winnipeg Collegiate to send us/me information by email and otherwise, in the form of newsletters, updates, and announcements. This consent is for the purpose of Canada Anti-Spam Legislation (CASL).		
We/I have read and agree to abide by the Collegiate's Textbook Policy and The University of Winnipeg's Library Fine Policy (available online at collegiate.uwinnipeg.ca).		
We/I have read and agree to abide by the Collegiate Computer User Code of Ethics (available online at collegiate.uwinnipeg.ca).		

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Student (if over 18) _____ Date _____

5.0 TUITION FEES (this section must be completed in full)

My fees will be paid by myself, parent/guardian, or sponsoring agency listed below. Fees are assessed at \$8500 for the academic year. I agree to honour all financial obligations for this account in accordance with the Collegiate policies, available on the Collegiate website.

Payee Name _____
Last Name First Name Middle Name(s)

Relationship to student _____

Address _____
Postal Code

Phone _____ **Fax** _____

Email _____

Signature _____ **Date** _____

(Sponsored Students must include Sponsor's letter with application.)

Name of Sponsor _____
Last Name First Name Middle Name(s)

Phone _____ **Fax** _____

Sponsoring Agency Email Address _____

Should a student withdraw from Collegiate course(s), any refund will be made payable to the person listed above.

6.0 INFORMATION RELEASE

If you are under 18 years of age, the Collegiate is obliged by law to provide academic and personal information to your parents/guardians. If you are over 18 years of age or will turn 18 during the school year, please indicate below your wishes with respect to the release of such information.

The Collegiate may release information regarding my attendance and grades to my parents/guardians upon request.

Yes No **Student Signature** _____ **Date** _____

7.0 EMERGENCY MEDICAL ASSISTANCE

We/I hereby authorize The University of Winnipeg Collegiate to give and/or obtain emergency medical assistance for our/my child in the event that we/I cannot be reached, including that our/my child may be given emergency treatment by a staff member at the Collegiate. The Collegiate will attempt to make contact with the persons listed as emergency contacts and will follow their wishes if the circumstances allow. We/I hereby release and agree to hold harmless all staff, officers, directors and trustees of the Collegiate of and in respect of any claims, suits and demands, which we/I and/or our/my child may have, and from any injury, damages or death our child may incur or sustain, in respect of any such treatment sought or administered in good faith. We/I also give permission for my child to be transported by car or ambulance to a hospital.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Student (if over 18) _____ **Date** _____

8.0 CODE OF CONDUCT

We/I confirm that we have read the Collegiate’s code of conduct found at collegiate.uwinnipeg.ca and agree to be bound by and abide by its terms. We/I acknowledge and agree that we/I are responsible along with our child for his/her compliance with said code of conduct including compliance with provisions against bullying and harassment. We/I acknowledge and agree that failure to abide by the code of conduct by either ourselves and/or our child may result in suspension and/or expulsion of our child from the Collegiate. We/I agree to indemnify and hold the Collegiate and its staff and faculty harmless from and against any liability, damage, loss, claim, suit, proceeding, cost or expense brought or made against them, or suffered or incurred by them, resulting from our and/or our child’s noncompliance with the code of conduct.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Student (if over 18) _____ **Date** _____

9.0 DECLARATION

I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg Collegiate to request, confirm, and/or share any necessary information with other educational institutions to support my application. If accepted to The University of Winnipeg Collegiate, I agree to follow Collegiate regulations.

I accept this declaration

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Student (if over 18) _____ **Date** _____

Personal information on this application is collected pursuant to 36(1) of The Freedom and Information and Protection of Privacy Act (FIPPA) and may be used and disclosed by The University of Winnipeg Collegiate for admission, registration, awards, student records, alumni services, housing, and other activities related to being a member of the Collegiate community. De-identified information may be used by the Collegiate for research/planning. Personal health information, if any, is collected pursuant to The Personal Health Information Act (PHIA) and will be used to develop appropriate student health-care plans. All personal and personal health information is protected under FIPPA and PHIA. If you have any questions about the collection and the use of this information, please contact: Dean of the Collegiate, The University of Winnipeg Collegiate, 515 Portage Avenue, Winnipeg, Manitoba, R3B 2E9, 204.786.9221, collegiate@uwinnipeg.ca.

*Email addresses provided may be shared internally among Collegiate Faculty, student groups, and used for Collegiate communications.