

## NON-RESIDENT ADULT APPLICATION

(21 years of age & over OR graduated)

SECTION	
Name of Applicant:	Date:
Address:	Phone No: (Residence)
Postal Code: Birthdate:	
Postal Code Billidate	(Business)
Home Division:	
SECTION 2	
School Requested	Grade
Last school attended Year of prev	vious graduation
Last year attended Requested date of enrolment	
Have you ever been accepted as an adult student in The Winnipeg School Division before?	
Are you a sponsored student? Yes or No  If the answer is Yes, Name of Sponsoring Agency?	
Workers Compensation Board (WCB) ☐ Employment Insurance (EI) ☐ MB Education & Training ☐	
First Nation/Native Agency  Other (Specify)	
The real of real of the real o	
Address of Sponsoring Agency:(Apt #) (St. # & Name) (City)	(Provi) (Postal Code)
(Apt#) (St. # & Name) (City)	(Prov) (Postal Code)
Name of contact person/counsellor:	
CODE 110 Cost per subject \$_AMMOP	
I do hereby agree to pay to The Winnipeg School Division the established fee payable for the current year. It is understood that if I withdraw during the term, the Division will consider a rebate of fees paid in advance upon application being made therefor.	
Date Signature of Student	
SECTION 3 (To Be Completed By The Principal of the School)	
I hereby confirm that space is available	
(Signature of Principal)	Date)
	1
The regulations of the School Division provide that:	FOR OFFICE USE ONLY:
<ol> <li>the established fee shall be paid in advance</li> <li>Student will not be admitted to the school until he/she has secured a permit from</li> </ol>	the office Student #:
of the Secretary-Treasurer of the Division.	Amount Paid:AMMOP
Instructions:	Receipt #:
<ol> <li>Sections 1 and 2 are to be completed by the Student</li> <li>Section 3 is to be completed by the School Principal</li> </ol>	
<ol> <li>The form should then be forwarded to the Secretary-Treasurer, The Winnipeg Son Division, 1577 Wall Street, East, Winnipeg, MB, R3E 2S5, together with remittan</li> </ol>	
the Fee payable.	