

# Application Form for Transfer to a School of Choice



## OUT-OF-DIVISION/DISTRICT

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Complete, then print this form;  
Each page is to be signed and then submitted to the school of choice.

Complete Legal  
Name of Student \_\_\_\_\_  
*Surname, Given Names (in full)*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*day month year*

MET # \_\_\_\_\_  
*(Manitoba Education No.)*

Male \_\_\_\_\_ Female \_\_\_\_\_

Current Grade Level \_\_\_\_\_

NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)
Program Currently Enrolled In (Check One)					
Program Applied (Check One)					

**For information on courses and placement, please contact the school of choice.**

School Currently Attended \_\_\_\_\_ School Division/District \_\_\_\_\_

School of Choice \_\_\_\_\_ School Division/District \_\_\_\_\_

Name of School Division/District in which you currently reside \_\_\_\_\_

School Year Being Applied for \_\_\_\_\_ Grade \_\_\_\_\_

Names of Parent(s)/Guardian(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Address/Location: (select one)

Same As Mailing Address

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

Legal Description of Property on Which Home is Located  
(ex: section, township, range, lot, block, plan, etc.) \_\_\_\_\_

Telephone #(s) at Work \_\_\_\_\_ at Home \_\_\_\_\_

Signature of Parent/Guardian/ \_\_\_\_\_ Date \_\_\_\_\_  
Age of Majority Student \_\_\_\_\_

**PARENT/GUARDIAN/AGE OF MAJORITY STUDENT: You must complete this form and send to the principal of the school of choice **no later than May 15** (one application form per student).**

**N.B.:** This is an application form for school admission only. Questions concerning eligibility for transportation should be directed to the receiving school division/district.

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### OFFICE USE ONLY (To be completed by the School of Choice)

Date Received \_\_\_\_\_

Accept Yes \_\_\_\_\_ No \_\_\_\_\_

Date Effective SEPTEMBER 04, 2024

School to be Attended TEC-VOC HIGH SCHOOL Grade Level \_\_\_\_\_

School Division/District WINNIPEG SCHOOL DIVISION

Name of School Principal GARTH MCALPINE

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ COPY TO PARENT(S)/GUARDIAN(S) \_\_\_\_\_



**THE WINNIPEG SCHOOL DIVISION  
APPLICATION FOR REGISTRATION OF  
School-Age Non-resident Student  
(Fee Payable, as applicable)**

**Purpose:** Information obtained will be used by the Winnipeg School Division to determine eligibility of student. This personal information is being collected under the authority of the Public Schools Act for school related purposes. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act.

**Provided space is available, this application applies to:**

- Non-resident student who will be 5 to 20 years of age at the start of the school year or semester in question.
- Non-resident student who requires additional programming or support services, eg., an individual education plan or additional Educational Assistant, etc.
- Non-resident student where the Home School Division (under the Public Schools Act) is required to pay for program(s) not available in the Home School Division.
- Non-resident student waiver of fees.
- Student whom Manitoba Education & Training does not support, i.e., Foreign student, exchange foreign student, & student from another Province.

SECTION 1

**Name of Student** \_\_\_\_\_  
(Surname) (Given Name)

Male  Female

**Student Address**  
\_\_\_\_\_  
St No. Street Name City Prov Postal Code

**Parent's Name** \_\_\_\_\_  
(Surname) (Given name)

**Parent's Address:**  
\_\_\_\_\_  
St No. Street Name City Prov Postal Code

**Home School Division/District** \_\_\_\_\_

If not a Canadian Citizen, are you a Landed Immigrant  Temporary Resident

**Date of Application** \_\_\_\_\_

**Birthdate** \_\_\_\_\_  
Day Month Year

**Met #:** \_\_\_\_\_ **Student #:** \_\_\_\_\_

**Has the student moved?** \_\_\_\_\_ **Date of move** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_  
Residence

**Telephone No.:** \_\_\_\_\_  
Residence Business

**Contact Person:** \_\_\_\_\_

**Contact Person Complete Address & Phone #**

Refugee  Visa Student  Date Visa Expires \_\_\_\_\_

SECTION II

**Last school and grade in which standing has been obtained:**  
**School** \_\_\_\_\_  
**Last grade completed** \_\_\_\_\_  
**Year Last grade completed** \_\_\_\_\_  
**Has student repeated any grade(s)?** \_\_\_\_\_ If yes, what grade(s)? \_\_\_\_\_

**School Requested** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Program Requested** \_\_\_\_\_  
**Number of credits required to graduate** \_\_\_\_\_  
Non-Semester  Semester I  Semester II  Both Semesters   
**Anticipated start date of enrolment** \_\_\_\_\_

SECTION III

Reason student does not wish to attend school in Home School Division? \_\_\_\_\_  
Is the student currently expelled/suspended from any School Division? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
Has the student been suspended from school during the previous 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
Does the student require additional programming or support services which would incur additional cost to The Winnipeg School Division? (i.e. specialized equipment/Educational Assistant) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

**SIGNATURE OF PARTY RESPONSIBLE FOR PAYMENT OF NON-RESIDENT FEES (Section IV or V)**

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

SECTION IV TO BE COMPLETED BY SPONSORING DIVISION AGENCY

Fee payable by Home School Division/Agency for the period  
**September, 20** \_\_\_\_\_ **to June 30, 20** \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary-Treasurer/Agency Date

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

\_\_\_\_\_  
**Name of sending school division, or sponsoring agency**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Province Postal Code

SECTION V PARENT/LEGAL GUARDIAN

I hereby apply for enrolment of the above noted student in The Winnipeg School Division in accordance with Division Policy JEC and the Public Schools Act and recognize that acceptance is subject to a maximum class size at the school. I understand a condition of continued enrolment is that the student's work, attendance and behaviour must be satisfactory to the Principal. \*JEC Policy requires foreign students obtain Health Insurance Coverage.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

SECTION VI TO BE COMPLETED BY THE WINNIPEG SCHOOL DIVISION ADMINISTRATION

\_\_\_\_\_  
Date Principal Signature

SECTION VII WAIVER OF FEES Yes  No

\_\_\_\_\_  
Date Superintendent's 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, Non-resident Section, Telephone: (204) 775-0231 Fax: (204) 783-0118