

Mennonite Brethren Collegiate Institute

173 Talbot Avenue | Winnipeg, Manitoba | R2L 0P6
204 667-8210 | Fax 204 661-5091 | mbc@mbci.mb.ca | www.mbc.mb.ca

Application for Admission

For Grade ____ beginning September, 20____

How did you first hear about MBCI?

Family/Friend of MBCI Newspaper/Flyer Open House Radio Website Other _____

Student Information

Name _____
Legal Last Legal First Legal Middle Name Commonly Used

Home Address _____
Address City Province Postal Code

Home Phone _____ Gender: _____ Birth Date: _____ Canadian Citizen: Yes No
M/F year month day

MET# _____ Current School _____ Current Grade _____
(from previous school or report card)

School Division _____ Applicant's Siblings _____
(Division according to place of residence)

Name	Grade	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ancestral / Cultural Information

Providing this information is voluntary and optional.

The information is being collected to support the efforts of Manitoba Education and Training and schools to plan and improve programs in a way that is responsive to Aboriginal learners. It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act (FIPPA) as it is necessary for and relates directly to the activity of Manitoba and schools to plan, deliver and improve programs.

I, _____ Am submitting my child's Aboriginal Identity Declaration for the first time
Name of parent/guardian Am making changes to my child's Aboriginal Identity Declaration
 Already submitted my child's Aboriginal Identity Declaration and have no changes to submit.

Please check only one of the following identities if applicable to your child: (These include Status and Non-Status Indians)
 First Nation Métis Inuk (Inuit)

If you have selected an Aboriginal/Indigenous identity, please check up to two of the following cultural-linguistic identities that best describe your child:

<input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux)	<input type="checkbox"/> Ininiw (Cree)
<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 be Specific

Office Use Only

Student # _____ Entered by Acctg _____ App Fee _____ Tuition Dep. _____ Rcpt # _____ Rcpt Mailed _____
Received _____ Entered by Records _____ App Rc'd Ltr _____ Int Date _____ Decision Ltr _____

Church Information

Family Church _____ Name _____ Address _____ Denomination _____
Is the student or any parent or guardian a member of a Mennonite Brethren Church? Yes No
Please specify church of Mennonite Brethren membership _____

Medical Information

Family Doctor _____ Phone _____ Medical Number _____ / _____
(6 digit) (9 digit)
Allergies _____ (Type) Life Threatening Occasional
Symptoms of Reaction _____ Action Required _____
Medication _____ Being taken for: _____
Other relevant medical information: _____

Signature

Parents or Guardians:

I/We agree to partner with MBCI in the education of my/our child at MBCI by supporting the goals and principles of the school, ensuring the regular attendance of my/our child and meeting all financial obligations to the school.

Name _____ Date: _____ Signature _____

Name _____ Date: _____ Signature _____

Parent or Guardian Information

Father / Guardian

Name Address Postal Code

Home Phone Bus. Phone Cell Phone E-mail
MBCI ALUMNUS Yes No

MBCI Alumnus/Graduating Name & Year Occupation Employer

Father / Guardian

- is fully financially responsible for the student.
 is partially financially responsible for the student (____%).

Mother / Guardian

Name Address Postal Code

Home Phone Bus. Phone Cell Phone E-mail
MBCI ALUMNUS Yes No

MBCI Alumnus/Graduating Name & Year Occupation Employer

Mother / Guardian

- is fully financially responsible for the student.
 is partially financially responsible for the student (____%).

