



# WESTPARK SCHOOL

B2375 Saskatchewan Avenue West

Portage la Prairie, MB R1N 4A6

Phone: 204-857-3726 / Fax: 204-239-6545

Website: www.westparkschool.com / Email: office@westparkschool.com

Academics for today; Character for tomorrow; Jesus forever

## Enrolment Application for Admission

For Office Use

Application/\$40 Application Fee

Received Date

### Student Information

Legal Name of Student: \_\_\_\_\_ Registering for Grade: \_\_\_\_\_

(Legal Last Name)

(Legal First Name)

(Legal Middle Name)

(Birth Date MM/DD/YYYY)

Student Address: \_\_\_\_\_

(Mailing Address)

(Postal Code)

(Home Phone #)

Student Manitoba Medical # (9-digit): \_\_\_\_\_ Student Family # (6-digit): \_\_\_\_\_

School Previously Attended: \_\_\_\_\_

Born in Canada?

If no, please indicate entry to Canada date: \_\_\_\_\_

(MM/DD/YYYY)

Student lives with (Check all that apply):

Father

Mother

Legal Guardian

Foster Parents

Other

Father/Guardian: \_\_\_\_\_

(First Name/Last Name)

(Email)

(Cell #)

(Place of Employment)

(Work Phone #)

(Church Affiliation)

Mother/Guardian: \_\_\_\_\_

(First Name/Last Name)

(Email)

(Cell #)

(Place of Employment)

(Work Phone #)

(Church Affiliation)

Joint Custody – Additional Student Address:  Father  Mother

Student Address: \_\_\_\_\_

(Mailing Address)

(Postal Code)

(Home Phone #)

*\*Please Note: Copy of legal documentation regarding custody must be provided to the school*

Custody: Are there any legal restrictions to this student?

Send additional report card?

## Emergency Contacts

If the listed Parents/Guardians are unavailable during an emergency, the school should call:

**\*Emergency contacts must live within 30 minutes of the school\***

1) \_\_\_\_\_  
(Relationship to Student) (Name) (Day Time Phone #)

2) \_\_\_\_\_  
(Relationship to Student) (Name) (Day Time Phone #)

## Aboriginal/Indigenous Identity Declaration

Aboriginal/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 Aboriginal/Indigenous learners. The information you provide is collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act. Providing this information is voluntary and optional. For more information about Aboriginal/Indigenous Identity Declaration, please visit: <http://www.edu.gov.mb.ca/aed/abidentity.html>. If you have any questions regarding the collection of this personal information, please contact the school principal.

Please check one of the following identities, if it applies to your child: (These include Status and Non-Status Indians)

- Aboriginal/Indigenous       First Nation       Metis       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:

- Anishinaabe (Ojibway/Saulteaux)       Oji-Cree  
 Ininew (Cree)       Michif  
 Dene (Sayisi)       Inuktitut  
 Dakota       Other \_\_\_\_\_

## Student Health Information

Does the student have a diagnosed health condition?

- Asthma       Hard of Hearing       Diabetes  
 Inhaler       Seizures       Vision  
 Allergy \_\_\_\_\_       EpiPen

Other, please specify: \_\_\_\_\_

**\*Please note: Any medication needed to be administered during the school day, must be kept in the school office.**

Any other information the school should have about the student's health: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Student Support Services

Please indicate if the student has utilized any of the following services:

Help with School Work	Mental Health Care	Family Support	Therapy from a specialist at school or outside	Any other work with an outside agency	Other
<input type="checkbox"/> Resource Teacher or working with an Educational Assistant  <input type="checkbox"/> Reading Intervention	<input type="checkbox"/> Psychiatrist  <input type="checkbox"/> School Counsellor  <input type="checkbox"/> Psychologist	<input type="checkbox"/> Child and Family Services – been in care  <input type="checkbox"/> Social Work	<input type="checkbox"/> Speech and Language <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Please explain on next page	<input type="checkbox"/> Please explain on next page

Has this child ever had any serious discipline/police problems or been expelled or suspended from school? YES / NO  
 If yes, give details: \_\_\_\_\_

Has this child ever been recommended to or repeated a grade? YES / NO  
 If yes, give details: \_\_\_\_\_

Has this child ever received or been recommended for specialized assistance at school? YES / NO \_\_\_\_\_

***\*The support Services information will only be shared with appropriate individuals and is only used to provide services to your child if deemed necessary. \****

### Parent/Guardian Signature

**Enrolment application must include:**

- |   |   |
|---|---|
| <input type="checkbox"/> Electronic Usage Forms (K to 12)<br><input type="checkbox"/> Off Campus Privileges (Gr. 9 to 12)<br><input type="checkbox"/> Student Release Form<br><input type="checkbox"/> URIS (If applicable) | <input type="checkbox"/> A Profile Photo of Student<br><input type="checkbox"/> A Copy of Student's Birth Certificate<br><input type="checkbox"/> Copies of Report Card(s) from previous grade (Gr. 1 to 12)<br><input type="checkbox"/> New Student Application Fee - \$40 |
|---|---|

I have read and understand the statements of Westpark School's philosophy and objectives and policies as stated in the information manual (available at [www.westparkschool.com](http://www.westparkschool.com)).

- I agree to support the school in applying these principles in the teaching of my child.
- If my child is accepted, I will support him or her and Westpark School.
- The information in this application is accurate to the best of my knowledge.

**Initial please \_\_\_\_\_ \*I give permission for members of the media and staff, at the discretion of the Principal, to take pictures/video of my child. Photos may be used for School promotion or on the website.**

**Signatures of (both) Parents / Guardians:**

<input type="checkbox"/> Father/Guardian _____	Date: _____ <span style="float: right;">MM/DD/YYYY</span>
<input type="checkbox"/> Mother/Guardian _____	Date: _____ <span style="float: right;">MM/DD/YYYY</span>

***NOTE: Submission of application form does not guarantee enrolment.  
 The leadership team will make final admission decision***

**Explanation of Outside Agency Support:** \_\_\_\_\_

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**Explanation of Other Support:** \_\_\_\_\_

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# Westpark School Tuition and Fee Calculation Form

*Tuition and Fee Information for 2024/2025 School Year (One per Family)*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Children enrolled (Kindergarten = 0.5): \_\_\_\_\_

## BOX A – Tuition Costs

	Cost Per Student Until April 15 <sup>th</sup> , 2024	Cost Per Student After April 15 <sup>th</sup> , 2024	Number of Students	Total
Kindergarten (3 Day)				
Grade 1 – 4				
Grade 5 – 8				
Grade 9 – 12				
			<b>Subtotal</b>	

Family Discounts: Kindergarten (0.5 per student) Grades 1 – 12 (1 per student)

Number of Children in School	Discount	
1.5	\$275	
2	\$550	
2.5	\$825	
3	\$1,100	
3.5	\$1,375	
4	\$1,650	
4.5	\$1,925	
5 or more	\$2,200	
		<b>Discount Applicable (select based on chart)</b>

<b>Net Tuition Costs after Family Discount</b>	
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### Capital Improvement Fee per year:

**\$200 per family**

This fee goes towards the capital expenses that the school needs to keep and maintain the facility (things in the building, not books). Capital fees do not go toward new building construction. They are supplemented by budgeted money from the general fund of the school. The Capital Fee provided throughout is 100% tax deductible and is included with the tuition portion on your annual tax receipt.

### Student Fees per year:

**\$75 – Kindergarten**

**\$125 – Students from Grades 1 to 12**

These fees cover the cost of school supplies provided to students as well as field trips for the year. Please note, you will not be reimbursed for activities if your child does not attend.



# Westpark School Tuition and Fee Calculation Form

## Tuition and Fee Information for 2024/2025 School Year (One per Family)

### BOX B

1. Tuition (per chart in Box A on front)		
2. Capital Fee (per family)		+
3. Student Fees	Kindergarten x students	+
	Grades 1 – 12 x students	+
4. Total Tuition, Capital, and Student Fees (#1 + #2 + #3)		=
5. Less Early Payment Discount if paying in full before June 30 <sup>th</sup> , subtract 5% of line 1 for discount		-
6. Total Payable (#4 - #5)		=

**Non-Refundable Tuition Deposit of \$100 per student due with enrolment forms. \*\***  
(Deposit will be applied to total payable.)

#### FOR OFFICE USE ONLY

Total Tuition Deposit of \$100 per student paid:

### BOX C

#### Indicate your Tuition Payment Choice:

- Lump Sum Payment\*\*
- Pre-authorized Debit (Complete PAD authorization in Box D)
- I am requesting a tuition assistance information and application package (Tuition Deposit Required)

### BOX D

#### Pre-Authorized Payment Option

- Keep banking information the same as previous year. Change the amount only.

#### Bank Information

- Option #1:** I will supply a void cheque
- Option #2:** Fill out bank information below (All info is required)

Name of Institution: \_\_\_\_\_ Branch Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Transit #: (5 digits) \_\_\_\_\_ Institution #: (3 digits) \_\_\_\_\_

Account #: (7+ digits including all zeros) \_\_\_\_\_

#### Frequency of Payment

- Bi-Weekly (Every other Friday)
- Semi-Monthly (1<sup>st</sup> and 15<sup>th</sup> only)
- Monthly (1<sup>st</sup> or 15<sup>th</sup>)

Payment Amount: \_\_\_\_\_ (Total payable from Box B Line #6 divided by number of payments)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**\* Tuition payments for this school year must be completed on or before June 30<sup>th</sup> \***

**\*\*Credit card processing fee of 3% will be added\*\***



# WESTPARK SCHOOL

## Student Record Release

Date: \_\_\_\_\_

I hereby give my consent for \_\_\_\_\_  
(Name of School Previously Attended)

To release any information considered by the school to be relevant to the education of:

Name of Student (s)

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Please forward the following information:

- Official Transcript including MET number as soon as possible by fax or email
- Complete Cumulative File Folder
- Resource File
- Medical Immunization and Health Record
- Any other files or information pertinent to the student's education

The information is to be released to:

Mrs. Lydia Stoesz,  
Principal of Westpark School

Information may include communication with school personnel such as the guidance counsellor or resource teacher.

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Parent/Guardian Signature

Date

### Westpark School

B 2375 Saskatchewan Ave W Portage la Prairie, Manitoba R1N 4A6  
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# Electronic Usage Agreement

## Grades Kindergarten to 12

Throughout different grades and courses, students will be expected to use a variety of electronic devices and online services to further their education. The following document lays out the rules a student must follow in order to use any electronic devices or online services as part of their education at Westpark School. Also included are consent forms and privacy information for different accounts used by students at Westpark School. If you do not wish to sign any of these agreements you may contact Westpark School to discuss how your child's education may be affected and what courses they will become ineligible for.

1. I understand that the use of computers and other electronic devices at school is a privilege, whether that is a school device, my device, or a device owned by another student. This privilege can be revoked or restricted by Westpark School at any time for administrative reasons or misuse. School staff and faculty may at any time confiscate any device and I will allow them access to any device when requested.
2. I understand that any account created for me is for my use only and is not to be shared with any other student, friend, or sibling. I am responsible for all actions performed with the use of my account. These accounts may be suspended for administrative reasons or misuse.
3. I understand that if I am suspended from electronic use at school it is my own responsibility to find alternative ways to complete any schoolwork that is delayed due to my suspension.
4. If I am found to be misusing either personal electronics or school computers I understand and accept that my behaviour will be met with an appropriate intervention as per Westpark's behaviour policy. In cases of financial loss to the school or others restitution may be sought.
5. I understand that these rules apply to all electronic devices used while at school, on school grounds, or engaged in any school-related activity. When I am representing our school at another location I will respect the local rules regarding technology to the best of my ability and knowledge.

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Printed Name of Student

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Grade of Student

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Signature of Student

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

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Date

Examples of misuse:

- Use of or access to another person's system, user id, password, files, emails or other data without permission from Administration.
- Attempting to circumvent any security measures on any system or network including but not limited to user account restrictions, accessing any WiFi networks other than the guest network, or accessing any device on the network besides an assigned computer.
- Engaging in any activity potentially harmful to infrastructure, devices or data including but not limited to the use of malicious software(viruses, malware etc.) or hardware, DDoS attacks, or torrenting
- Sending fraudulent, harassing, threatening, obscene or otherwise inappropriate messages through any method.
- Transmitting commercial advertisements, solicitations or promotions for any commercial purpose.
- Intentionally accessing or collecting pornography or any other material inappropriate to our school environment.
- Sending unauthorized bulk emails.
- Using any device or network for non-School related activities without Administrative permission
- Using the systems or networks for personal financial gain without Administrative permission.
- Unauthorized use of the school's name.
- There is a zero tolerance policy for bullying and that extends to any online environments and electronic devices.
- Any other illegal activity.



# WESTPARK SCHOOL

## Off Campus Privileges

Dear Parents/Guardians;

Off-campus privileges during lunch or a spare are available to students in **grades 9 through 12** who have parental consent. This may be suspended by a Parent, or the Administration, if a student is consistently late returning from off-campus, or has more than 3 unexcused absences, or is receiving a failing grade in any class.

Signing this agreement indicates that you have read and understand Off-campus privileges.

I have read and understand this privilege and give my child permission to leave campus during a spare or lunch. I waive all responsibilities of the school and will not hold the school negligent should my child be injured while utilizing this privilege.

Student Grade: \_\_\_\_\_

Student Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Westpark School

B2375 Saskatchewan Ave W Portage la Prairie, Manitoba R1N 4A6  
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## Unified Referral and Intake System (URIS) Group B Application

In accordance with Section 15 of *The Personal Health Information Act* (PHIA), the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. If you have questions about the information requested on this form, you may contact the community program.

### Section I – Community program information (to be completed by the community program)

<b>Type of community program (please ✓)</b>  <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program	Name of community program:
	Contact person:
	Phone: <span style="float: right;">Fax:</span>
	Email:
	<b>Address (location where service is to be delivered):</b> Street: City/Town: <span style="float: right;">POSTAL CODE:</span>

### Section II - Child information

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate</b>
[Grid for Last Name: 24 boxes]	[Grid for First Name: 24 boxes]	[Grid for Birthdate: 5 boxes]
<b>Also Known As</b>		
[Grid for Also Known As: 24 boxes]		

Please check (✓) all health care conditions for which the child requires an intervention during attendance at the community program.

<input type="checkbox"/> <b>Life-threatening allergy (and child is prescribed an EpiPen)</b> Does the child bring an EpiPen to the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
<input type="checkbox"/> <b>Asthma (administration of medication by inhalation)</b> Does the child bring asthma medication (puffer) to the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Can the child take the asthma medication (puffer) on his/her own? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
<input type="checkbox"/> <b>Seizure disorder</b> What type of seizure(s) does the child have? _____ Does the child require administration of rescue medication (e.g., sublingual lorazepam)? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
<input type="checkbox"/> <b>Diabetes</b> What type of diabetes does the child have? <span style="float: right;"><input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</span> Does the child require blood glucose monitoring at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Does the child require assistance with blood glucose monitoring? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Does the child have low blood sugar emergencies that require a response? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
<input type="checkbox"/> <b>Cardiac condition</b> where the child requires a specialized emergency response at the community program. What type of cardiac condition has the child been diagnosed with? _____
<input type="checkbox"/> <b>Bleeding Disorder</b> (e.g., von Willebrand disease, hemophilia) What type of bleeding disorder has the child been diagnosed with? _____

<input type="checkbox"/> <b>Steroid Dependence</b> (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease) What type of steroid dependence has the child been diagnosed with? _____	
<input type="checkbox"/> <b>Osteogenesis Imperfecta (brittle bone disease)</b>	
<input type="checkbox"/> <b>Gastrostomy Feeding Care</b> Does the child require gastrostomy tube feeding at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of medication via the gastrostomy tube at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Ostomy Care</b> Does the child require the ostomy pouch to be emptied at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the established appliance to be changed at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with ostomy care at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Clean Intermittent Catheterization (IMC)</b> Does the child require assistance with IMC at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Pre-set Oxygen</b> Does the child require pre-set oxygen at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring oxygen equipment to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Suctioning (oral and/or nasal)</b> Does the child require oral and/or nasal suctioning at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring suctioning equipment to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for \_\_\_\_\_.  
 (child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

\_\_\_\_\_  
 Parent/Legal guardian signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mailing Address

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

\_\_\_\_\_  
 Phone number