



ST. BONIFACE DIOCESAN HIGH SCHOOL

282 Dubuc Street, Winnipeg, Manitoba R2H 1E4

Tel: (204) 987-1560 Fax: (204) 237-9891

email: admin@sbdhs.net

www.sbdhs.net

2010 – 2011 APPLICATION FOR ADMISSION

Please complete **ALL SECTIONS** of this Application Form and return it to our General Office by **MARCH 19, 2010**.

AN APPLICATION FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION

(PAYABLE TO "ST. BONIFACE DIOCESAN HIGH SCHOOL")

Course Selections will be granted on a first come first served basis

APPLICATION FOR GRADE: (Please check) 9 10 11 12

Name: _____		M/F	Birthdate: ____/____/____	
Student	Legal Last Name	First	Middle	dd mm yr
Address: _____				Home Phone _____
	Street	City	Prov	Postal Code
Student email: _____				
School presently attending _____			Which School Div do you reside in _____	
Canadian Citizen		<input type="checkbox"/>	Landed Immigrant	<input type="checkbox"/>
			VISA Student	<input type="checkbox"/>

FATHER / OR LEGAL GUARDIAN

Name: _____ Address _____

Religion: _____ Parish attending _____ Occupation: _____

Employer: _____ Parent Email address: _____

Phone: _____/_____/_____

Home Business Cell

MOTHER / or LEGAL GUARDIAN

Name: _____ Address _____

Religion: _____ Parish attending _____ Occupation: _____

Employer: _____ Parent Email address: _____

Phone: _____/_____/_____

Home Business Cell

Student lives with: Both parents _____ only Mother _____ only Father _____ or Legal Guardian (Specify Name, Address, Relationship if any) _____

Custody: Are there legal restrictions to this child? Yes _____ No _____ (If so, a copy of legal documents must be on file at school.)

OVER

Are you an Alumnus of St. Boniface Diocesan High School? No ___ Yes ___ Grad Yr ___ Maiden Name _____

Siblings
Names _____ **Age** _____ **School Attending** _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

**** MUST BE COMPLETED**

Name _____ Phone _____
 Relationship to applicant _____

MEDICAL INFO (MUST BE COMPLETED IN FULL)

Family Doctor: _____ Phone _____ Phin Med # _____

Please complete the following – Specify Yes if physician diagnosed.

Life Threatening Allergy	Yes ___	No ___	If Yes specify: _____		
Prescribed an EpiPen	Yes ___	No ___	EpiPen provided to school	Yes ___	No ___
Heart Condition	Yes ___	No ___	EpiPen to be carried by student	Yes ___	No ___
Asthma	Yes ___	No ___	Inhaler provided to school	Yes ___	No ___
Diabetes	Yes ___	No ___	Inhaler to be carried by student	Yes ___	No ___
Bleeding Disorder	Yes ___	No ___			
Seizure Disorder	Yes ___	No ___			

Other Significant conditions that are physician diagnosed: _____

This medical information is being collected so that appropriate health care plans may be developed.

This information will only be shared with appropriate individuals and is protected by the Personal Health Information Act.

SUPPORT SERVICES

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

Resource Social Work Psychology/Psychiatry
 Outside Agency (If Yes, please specify which Agency) _____

Where did you hear about St. Boniface Diocesan High School?

Church ___ Newspaper ___ Billboard ___ School ___ Friend/Relative ___ Radio ___ Other _____

Signatures (verifying that the above information is true and correct)

Date: _____ Signature of Parent/Guardian _____
 Signature of Applicant _____

*******TO COMPLETE THIS APPLICATION, THE FOLLOWING MUST BE INCLUDED*******

- A copy of the most recent report card from your son/daughter’s present school
- A cheque for the **NON-REFUNDABLE** Application fee of \$100 payable to “St. Boniface Diocesan High School”.
- A recent photograph of the Applicant.

Office Only:
 Application Fee Received _____
 Interview Date _____

Upon transfer / withdrawal of a student, the student’s file will be forwarded to the next school of attendance



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January 2010

Dear Parents/Guardians,

The St. Boniface Diocesan High School Board of Directors is striving to keep the school tuition fees as affordable as possible.

The **2010/2011 Parent Commitment Fee** will be as follows:

- **\$100.00 non-refundable Registration Fee**, plus
- **\$2,700.00 Annual Tuition*** (**\$2,200.00** Second sibling, **\$1,700.00** Third sibling)
(This fee includes costs for Yearbook, technology, class supplies (including art and workbooks), Agenda, and one gym t-shirt, but does not cover some fees for sports teams and field trips.)

In order to guarantee acceptance, the following tuition payments must be on file in the school office by May 21, 2010 as per the following schedule:

1. \$500.00 Initial Payment dated July 1, 2010
2. Plus **ONE** of the following options:
 - a) \$2200.00 dated September 1, 2010 **OR**
 - b) \$1100.00 (2 payments) dated September 1, 2010 and April 1, 2011 **OR**
 - c) \$275.00 (8 payments) dated the first of the month beginning September 1, 2010.

***** If payment options listed above are not suitable to your needs, please contact the school to discuss alternate arrangements.**

Registration is not considered complete until receipt of payment for the full tuition, by cash, cheque(s), or credit card, is received. Exceptions may be made for alternate payment arrangements provided the parent contacts the school prior to May 21, 2010.

St. Boniface Diocesan High School has a small Bursary Fund which may be available to families experiencing financial difficulties. Families can apply for a Bursary, once their complete Registration has been received and they have been formally accepted to St. Boniface Diocesan High School. Bursary Applications may be picked up at the school office. **BURSARY APPLICATIONS MUST BE COMPLETED AND RETURNED TO THE SCHOOL NO LATER THAN MAY 14, 2010.** Bursaries are awarded by the Bursary Committee based on need.

Sincerely,

Mr. Jeff Beaudin
Principal

Mr. Jason Clouston
Board Chair

PLEASE SEE REVERSE FOR THE REFUND POLICY

PARENT COMMITMENT REFUND POLICY

The school operates on a fixed budget based primarily upon the number of students enrolled. The number of students determines how many teachers should be hired. Therefore, there is a need for certainty of the number of students prior to or shortly after the commencement of classes so that the appropriate amount of staff can be hired. That is the pressing situation that determined the creation of the refund policy in the first place many years ago. In other words, for the financial certainty and health of the school, "cut-off" dates are required and must be enforced to determine what, if any, of the financial commitment paid by the parent is to be returned on the removal of the student.

1. **The Registration Fee is non-refundable.**
2. **If applicant fails to achieve the academic results** required for advancement to the Grade applied for, **all Parent Commitment paid** will be refunded.
3. **Prior to and including August 31, 2010,** if the applicant cancels enrolment, all Parent Commitment **paid** will be refunded.
4. **If applicant cancels enrolment from September 1, 2010 to September 30, 2010,** no portion of the Parent Commitment **paid** will be refunded.
5. **From October 1, 2010 onward,** if an applicant cancels enrolment or withdraws from the school, no portion of the Parent Commitment **paid or due** (\$2,700.00) will be refunded or cancelled.
6. If, after the onset of school, the Administration must impose a dismissal or expulsion of a student, no portion of the Parent Commitment **paid or due** (\$2,700.00) will be refunded or cancelled.



Dear Parent: Please read and sign the following refund policy.

This signed policy must accompany your post-dated cheques or credit card payment and be received at the school office by May 21, 2010.

Registration is not complete until receipt of full tuition payment by cash, cheque, post dated cheques or credit card payment.

PARENT COMMITMENT REFUND POLICY

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PAYMENT OPTIONS	DESCRIPTION	DATE	Cash/ Cheque	Visa*	MC(**)
	All payments are due by May 21, 2010				
Registration	\$100.00	with application		Cash or Cheque <u>only</u> for Registration Fee	
Tuition Initial	\$500.00	dated Jul 1/10	AND		
Option A	1 payment \$2200	dated Sep 1/10	OR		
Option B	2 payments \$1100 ea	dated Sep 1/10 & Apr 1/11	OR		
Option C	8 payments \$275 ea	dated Sep 1/10 - Apr 1/11			
Other ****	****Arrangements must be discussed with school				

Credit Card Number : _____ Expiry Date: _____ Visa / MC

Signature : _____

* (**) The School Board is asking parents to absorb the cost of using credit cards, so these funds can be put towards enhancing programs for our students. Eg; Visa & MasterCard rates @ 4.6% (\$124.20) & 3.42% (\$92.34) respectively. We appreciate your understanding and cooperation.

I HAVE READ AND ACCEPT THE ST. BONIFACE DIOCESAN HIGH SCHOOL REFUND AND ACCEPTANCE POLICY, AND UNDERSTAND I AM RESPONSIBLE FOR FULL PAYMENT OF THE PARENT COMMITMENT PRIOR TO APRIL 1, 2011.

Parent /Guardian Signature

Print Name

Date



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PASTOR'S RECOMMENDATION FORM

Parents are requested to fill in this side of the form, then give it to their pastor. The pastor is asked to complete the reverse side. Non-Catholic or non-Christian applicants are asked to complete this form based upon their current religious affiliation. Applicants not affiliated with any Church, please supply as much information as possible or indicate N/A for items that do not apply.

FATHER/GUARDIAN:

_____ Name:

_____ Address:

MOTHER/GUARDIAN

APPLICANT:

Name: _____ Religion: _____

School presently attending: _____ Current Grade: _____

Name of Church: _____ Name of Pastor: _____

What religious instruction has applicant received at Church?

Has applicant attended a religious affiliated school(s) ? Yes _____ No _____

School(s) _____

Indicate which sacrament(s) applicant has received:

Baptism _____ Confirmation _____ Eucharist _____ Reconciliation _____

Briefly describe family involvement in Church activities and organizations:

Date: _____ Parent/Guardian Signature _____

TO BE COMPLETED BY PASTOR

Pastor: Thank you for taking the time to fill out this form. A prompt response would be much appreciated.

Do you know this family personally? _____ How long? _____

Do you know this student personally? _____ How long? _____

Comments on character of applicant, parish involvements.....

Date: _____ Signature: _____

Diocese: _____

PLEASE RETURN TO PARENT OF STUDENT

OR FAX TO: 237-9891

***St. Boniface Diocesan High School
282 Dubuc Street
Wpg MB R2H 1E4***

THIS SIDE TO BE COMPLETED BY PASTOR



St. Boniface Diocesan High School

GRADE 9

2010-2011 COURSE SELECTION

STUDENT NAME: _____ **DATE:** _____

COMPULSORY CORE COURSES **

(Manitoba Education, Citizenship & Youth - Compulsories)

	Credits
English Language Arts 10F	1.0
Mathematics 10F	1.0
Physical / Health Education 10F	1.0
Science 10F	1.0
Social Studies 10F	1.0
Total 5.0 Credits	

COMPULSORY / COMPLEMENTARY COURSES **

(St. Boniface Diocesan High School - Compulsories)

Applying Information & Communication Tech I – 15F	0.5	
Applying Information & Communication Tech II – 15F	0.5	
Media Literacy 11G	0.5	(*SIC)
Interactive Media 35S	0.5	
Religion 11S	1.0	
Total 3.0 Credits		

OPTIONAL COURSES ** You must take a minimum of 1.0 optional credit(s)

(List preferences in order of 1st, 2nd, and 3rd choice etc.)

_____ French 10G	1.0	
_____ Art 11G	0.5	(*SIC)
_____ Band 15G	0.5	
_____ Dance 11G	0.5	(*SIC)
_____ Debate 11G (Introductory Oral Communication)	0.5	(*SIC)
_____ Drama 11G	0.5	(*SIC)
_____ Musical Theatre 11G	0.5	(*SIC)
_____ Recreational Leadership 11G	0.5	(*SIC)
_____ Clothing / Housing / Design 15G or 0.5		
_____ Power Mechanics 15G	0.5	

Students can choose **ONLY 1** of Home Economics or Industrial Arts courses as one of their optional selections (held at Nelson McIntyre Collegiate, if spaces are available).

Total _____ Credits

A GRADE 9 COURSE LOAD REQUIRES A MINIMUM 9.0 CREDITS

* School Initiated Course ** See Course Option Booklet for prerequisite marks or conditions.

All Courses can only be taken for credit once in Grades 9 – 12.

(St. Boniface Diocesan High School reserves the right to withdraw any optional course due to insufficient enrollment).

PARENT'S/GUARDIAN'S SIGNATURE: _____

Received in Office _____