



INTERNATIONAL STUDENTS 2010-2011 APPLICATION FOR ADMISSION

Please complete **ALL SECTIONS** of this Application form and return it to our General Office. Please register early to avoid restrictions due to filled courses.

A REGISTRATION FEE OF \$200.00 PAYABLE TO "ST. BONIFACE DIOCESAN HIGH SCHOOL" MUST ACCOMPANY THIS APPLICATION.

APPLICATION FOR GRADE: _____ (Please circle) GR 9 GR 10 GR 11 GR 12

Name: _____ M/F _____ Birthdate: ____ / ____ / ____	
Last Name	First Name
Address: _____ Phone _____	
Street	City Prov Postal
School presently attending _____ Which School Div do you reside in _____	
Landed Immigrant <input type="checkbox"/>	Student Visa <input type="checkbox"/>

WINNIPEG HOST FAMILY AND/OR LEGAL GUARDIAN: (LEGAL GUARDIANSHIP MUST BE ACCOMPANIED BY LEGAL DOCUMENTS):	
Name: _____	Relationship: _____
Address: _____	Telephone: Home _____ Work _____
City: _____	Postal Code _____
Email _____	Cell Phone _____

FATHER

Name: _____	Address _____
Religion / Parish: _____	Status _____ Landed Immigrant <input type="checkbox"/> Work Permit <input type="checkbox"/> Study Permit <input type="checkbox"/>
Occupation: _____	Employer: _____
Phone: _____	Email: _____
Home Business Cell	

MOTHER

Name: _____	Address _____
Religion / Parish: _____	Status _____ Landed Immigrant <input type="checkbox"/> Work Permit <input type="checkbox"/> Study Permit <input type="checkbox"/>
Occupation: _____	Employer: _____
Phone: _____	Email: _____
Home Business Cell	

<i>Fees Received</i> _____ <i>Date</i> _____ <i>Interview Date:</i> _____ <i>(to be completed by General Office)</i>

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name _____

Phone _____

Relationship to applicant _____

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

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 (ie; ulcerative colitis, Crohns, transplants, spina bifida, permanent physical limitations, etc)

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

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

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

Have you studied English? ___ If Yes, how many years have you studied English? _____

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 \$200 payable to “St. Boniface Diocesan High School”.
- Copy of Student’s Visa
- A recent photograph of the Applicant.

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

Date: _____

Signature of Parent/Guardian/Host _____

Signature of Applicant _____