



APPLICATION FORM

MENNONITE COLLEGIATE INSTITUTE

FOR CANADIAN STUDENTS
AND STUDENTS WITH
PERMANENT RESIDENCE

APPLICATION FOR GRADE: 9 10 11 12
SCHOOL YEAR: 20__ - 20__ SEMESTER 1 & 2 SEMESTER 1 ONLY SEMESTER 2 ONLY

STUDENT INFORMATION

LAST NAME		FIRST NAME	
MIDDLE NAME		PREFERRED NAME	
MAILING ADDRESS		CITY	PROVINCE
		POSTAL CODE	
STUDENT CELL PHONE		STUDENT EMAIL	
HOME CHURCH <i>if applicable</i>		CHURCH ADDRESS	
DATE OF BIRTH (MM/DD/YYYY)		GENDER	
CITIZENSHIP		INDIGENOUS ANCESTRY	
		<input type="checkbox"/> Registered/Treaty/Status <input type="checkbox"/> Non-status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	

STUDENT PROFILE

WHAT ARE YOUR HOPES/GOALS FOR ATTENDING MCI?

WHAT MADE YOU WANT TO TRANSFER TO MCI?

DESCRIBE YOUR RELATIONSHIP WITH YOUR PARENTS AND SIBLINGS.

WHICH OF THE FOLLOWING ACTIVITES WOULD YOU BE INTERESTED IN PARTICIPATING IN AT MCI?

MUSIC & DRAMA	ATHLETICS	STUDENT LEADERSHIP
<input type="checkbox"/> Chamber Choir	<input type="checkbox"/> Soccer	<input type="checkbox"/> Student Council
<input type="checkbox"/> Vocal Jazz Ensemble	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Dormitory Leadership
<input type="checkbox"/> Community Drama	<input type="checkbox"/> Basketball	<input type="checkbox"/> Yearbook
<input type="checkbox"/> Musical	<input type="checkbox"/> Badminton	<input type="checkbox"/> Bible Study
<input type="checkbox"/> Worship Band	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Missions
<input type="checkbox"/> Concert Band	<input type="checkbox"/> Baseball/Fastpitch	
	<input type="checkbox"/> Golf	
	<input type="checkbox"/> Curling	

FAMILY INFORMATION

PARENT/GUARDIAN LAST NAME		FIRST NAME		<i>Are you an MCI Alumnus?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
RELATIONSHIP TO APPLICANT		EMAIL ADDRESS <i>(This is the email that all marks/notices will be sent to)</i>			
MAILING ADDRESS <i>if different from student</i>		CITY	PROVINCE	POSTAL CODE	
HOME PHONE		CELL PHONE			
PARENT/GUARDIAN LAST NAME		FIRST NAME		<i>Are you an MCI Alumnus?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
RELATIONSHIP TO APPLICANT		EMAIL ADDRESS <input type="checkbox"/> <i>check if you would like notices to this email as well</i>			
MAILING ADDRESS <i>if different from student</i>		CITY	PROVINCE	POSTAL CODE	
HOME PHONE		CELL PHONE			
STUDENT CUSTODY <input type="checkbox"/> Joint <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:					
Is a court order in place concerning the care or custody of the student? <i>If yes, please attach a copy.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
SIBLING	AGE	GRADE	CURRENT SCHOOL		
SIBLING	AGE	GRADE	CURRENT SCHOOL		
SIBLING	AGE	GRADE	CURRENT SCHOOL		
SIBLING	AGE	GRADE	CURRENT SCHOOL		

ACADEMIC INFORMATION

CURRENT SCHOOL <i>if homeschooled, please indicate curriculum</i>			CURRENT GRADE		
HOME DIVISION			MET NUMBER <i>9 digit number</i>		
CURRENT PROGRAMMING FOR YOUR CHILD <input type="checkbox"/> Regular <input type="checkbox"/> Work Experience <input type="checkbox"/> Life Skills <input type="checkbox"/> Alternative Program Delivery <input type="checkbox"/> Modified <input type="checkbox"/> Homeschooled <i>(please attach recent mathematics and writing samples)</i> <input type="checkbox"/> Other:					
Has your child EVER received the following services?					
In-class EA support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:	_____	
Speech and Language Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:	_____	
School Counsellor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:	_____	
Psychologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:	_____	
School Social Work Clinician	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:	_____	
Resource Teacher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:	_____	
ESL Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:	_____	
Tutoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:	_____	
Has the student had an Individual Education Plan? <i>If yes, please attach a copy.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the student had a Behavior Intervention Plan? <i>If yes, please attach a copy.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No		

What has your student's attendance been like in the last year? <i>If irregular, please explain why.</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular
Has the student been suspended or expelled from school during the last 12 months of attendance? <i>If yes, please explain why.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROVIDE ANY FURTHER INFORMATION TO ASSIST IN PLANNING FOR YOUR CHILD'S EDUCATION. (STRENGTHS/WEAKNESSES)	

ACCOMMODATION & TRANSPORTATION

Do you wish to live in the MCI Dormitory? <i>If yes, please complete the Dorm Application Form found on our website.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be requiring daily transportation to MCI via the MCI van route? <i>If yes, provide physical address:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

PLEASE ASK A CURRENT TEACHER (<i>unless your child requires an IEP, please select a Guidance Counsellor or Resource Teacher</i>) PLUS A PERSONAL REFERENCE (<i>i.e. Youth Pastor, Minister, Coach, Private Lesson Teacher etc.</i>) TO COMPLETE AND SUBMIT THE CORRESPONDING MCI REFERENCE FORM. PLEASE REFRAIN FROM ASKING CLOSE FAMILY AND FRIENDS.		
ACADEMIC REFERENCE	SUBJECT/POSITION	PHONE #
EMAIL		
PERSONAL REFERENCE	CONNECTION	PHONE #
EMAIL		
ADDITIONAL REFERENCE <i>optional</i>	CONNECTION	PHONE #
EMAIL		

PROTECTING YOUR PERSONAL INFORMATION

MCI gathers and uses personal information to provide your child with the best educational services as outlined in our Mission Statement and core values. The personal information on this form is required for your child to apply at MCI and assist the school authority in making informed decisions on the suitability and appropriate placement of your child. This information will also allow MCI to respond immediately to an emergency. MCI commits to using and storing this information responsibly.

MISSION STATEMENT

Our purpose is to educate young people in an Anabaptist Christian context, seeking to develop their God-given potential in terms of physical, intellectual, aesthetic, emotional, social, and spiritual well-being; and to develop in them an appreciation of our Mennonite heritage.

Our aim is that our students accept Christ as Lord and that they be disciples who express Christian hope by serving others, promoting peace, and providing Christ-like leadership within the church community and secular world.

Mennonite Collegiate Institute offers and educational experience in a Christian community. We expect students to adhere to the guidelines described in the Academic Handbook, Dormitory Handbook and Code of Conduct.

These documents can all be found on our website: www.mciblues.net

COMMITMENT TO GUIDELINES FOR LIFE AT MCI

As a student at MCI, I agree to:

- Show respect for the school's Christian values and practices. We expect students to attend daily chapels and the appropriate Bible classes and to show respect for other students' spiritual experiences.
- Show respect for all students and staff ensuring a safe and caring environment for everyone. MCI will not tolerate actions that are harmful to other persons, which undermine the health of the MCI community or which seriously disrupt the educational activities of the school.
- Exercise diligence in attending classes and completing academic assignments.
- Abstain from the use of tobacco, alcohol, and illegal drugs.
- Demonstrate a willingness to work together with other students, teachers and other staff members, to resolve conflicts when they arise and develop an environment in which everyone can grow towards their potential as described in the Mission Statement.

Your signature indicates your commitment to abide by the guidelines as stated above.

APPLICANT SIGNATURE

DATE

Your signature indicates that you understand MCI's lifestyle expectations, support your child's intention to attend MCI and commit to work with MCI in the care of your child.

PARENT/GUARDIAN SIGNATURE

DATE

APPLICATION CHECKLIST

- Report Card IEP/BIP (if applicable) Completed Application Form Medical Form Copy of Health Card
 \$200 Non-refundable Deposit Academic Reference Personal Reference Other:

You will be contacted by the MCI Admissions Team within 2 weeks of the entire application package being received. Thank you for applying to MCI!

Please ensure the information submitted in this application is accurate to the best of your knowledge. Failure to disclose pertinent information (i.e. resource needs, medical issues, behavioral problems, etc.) may result in the enrolment status of the student being reconsidered and/or the student being asked to leave during the academic year.

In the event of withdrawal or dismissal, the fees owing will consist of those owing to the end of the month in which the withdrawal or dismissal occurs, plus tuition (and room and board) for one additional month. International fees are non-refundable.