



APPLICATION FORM

MENNONITE COLLEGIATE INSTITUTE

FOR INTERNATIONAL STUDENTS

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
DATE OF BIRTH (MM/DD/YYYY)	GENDER
MAILING ADDRESS	
STUDENT CELL PHONE	STUDENT EMAIL
HOME CHURCH <i>if applicable</i>	CHURCH ADDRESS
CITIZENSHIP	

STUDENT PROFILE

WHAT ARE YOUR HOPES/GOALS FOR ATTENDING MCI?

WHAT MADE YOU INTERESTED ATTENDING SCHOOL ABROAD?

DESCRIBE YOUR RELATIONSHIP WITH YOUR PARENTS AND SIBLINGS.

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

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

PARENT/GUARDIAN LAST NAME		FIRST NAME		Are you an MCI Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RELATIONSHIP TO APPLICANT		EMAIL ADDRESS (This is the email that all marks/notices will be sent to)			
MAILING ADDRESS if different from student		CITY		PROVINCE	POSTAL CODE
HOME PHONE		CELL PHONE			
PARENT/GUARDIAN LAST NAME		FIRST NAME		Are you an MCI Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RELATIONSHIP TO APPLICANT		EMAIL ADDRESS <input type="checkbox"/> check if you would like notices to this email as well			
MAILING ADDRESS if different from student		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? If yes, please attach a copy.					<input type="checkbox"/> Yes <input type="checkbox"/> No
SIBLING		AGE		GRADE	
SIBLING		AGE		GRADE	
SIBLING		AGE		GRADE	
				CURRENT SCHOOL	
				CURRENT SCHOOL	
				CURRENT SCHOOL	

ACADEMIC INFORMATION

CURRENT SCHOOL if homeschooled, please indicate curriculum		CURRENT GRADE	
Please attach sample of latest English writing and mathematics.			
Are any of your current courses instructed in English? If yes, please indicate which subjects.			<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If yes, please attach a copy.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student had a Behavior Intervention Plan? If yes, please attach a copy.			<input type="checkbox"/> Yes <input type="checkbox"/> No
What has your student's attendance been like in the last year? If irregular, please explain why.			<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 NEEDS

For the 2024-25 school year, the dormitory will be open approximately 1 weekend per month . If you have a billet family for the remaining weeks, please give their information below. If not, we will provide a billet family for you. The cost for this is not included in your Room & Board fees and is an additional \$2000. For more details, please contact us: info@mciblues.net .	
Do you know someone in Manitoba with who you could stay for this time? <i>If yes, please give their information below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	
ADDRESS	PHONE NUMBER
If you do not know anyone in Manitoba with whom you could stay for this time, MCI will supply a host family for you. Do you need MCI to supply a host family for you?	<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		

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 in order 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.

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.

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

STEPS TO COMPLETE YOUR APPLICATION

1. Completed Application Form.
2. The non-refundable deposit of \$2,000 (via credit card or wire transfer) is required with the application to ensure a place at MCI for the upcoming school year.
3. Official certified academic transcript which shows the highest academic level attained to date.
4. Two reference letters submitted by the chosen references.
5. Medical Form completed and signed by Parent/Guardian.

Students must have in possession a Student Visa and a valid passport.

Thank you for applying to MCI!