



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 <i>if applicable</i> <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 ARE YOUR PLANS FOR LIFE AFTER HIGH SCHOOL?		
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, playing _____ <input type="checkbox"/> Orchestra, playing _____	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"/> Cross Country <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 <input type="checkbox"/> Community Events <input type="checkbox"/> School hosted events <input type="checkbox"/> Chapel planning

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 <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		Are you an MCI Alumnus? <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		
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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"/> Homeschooled <input type="checkbox"/> Modified																																			
Has your child EVER received the following services? <table border="0"> <tr> <td>In-class EA support</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When: _____</td> </tr> <tr> <td>Speech and Language Therapy</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When: _____</td> </tr> <tr> <td>School Counsellor</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When: _____</td> </tr> <tr> <td>Psychologist</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When: _____</td> </tr> <tr> <td>School Social Work Clinician</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When: _____</td> </tr> <tr> <td>Resource Teacher</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When: _____</td> </tr> <tr> <td>ESL Services</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When: _____</td> </tr> <tr> <td>Tutoring</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When: _____</td> </tr> </table>				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: _____
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Has the student had a Curricular Modified Plan, an Individual Education Plan or 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
DO YOU HAVE ANY FURTHER INFORMATION TO ASSIST IN PLANNING FOR YOUR CHILD'S EDUCATION? (STRENGTHS/WEAKNESSES)	
PLEASE ATTACH YOUR STUDENT'S MOST RECENT REPORT CARD OR TRANSCRIPT TO THIS APPLICATION CONFIRMING CREDITS.	

MEDICAL INFORMATION

<p>PLEASE IDENTIFY IF YOUR CHILD HAS ANY OF THE LISTED MEDICAL CONDITIONS/NEEDS. <i>If you answer yes to one or more of the following, MCI will provide you with an application form for the Unified Referral and Intake System. URIS is a provincially funded program that provides the school with a written health care plan and training by a registered nurse from Southern Health.</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Anaphylaxis</td> <td><input type="checkbox"/> Osteogenesis imperfecta</td> <td><input type="checkbox"/> Gastrostomy care</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Seizure disorder</td> <td><input type="checkbox"/> Ostomy care</td> </tr> <tr> <td><input type="checkbox"/> Bleeding disorder</td> <td><input type="checkbox"/> Steroid dependent condition</td> <td><input type="checkbox"/> Pre-set oxygen</td> </tr> <tr> <td><input type="checkbox"/> Cardiac condition</td> <td><input type="checkbox"/> Clean intermittent catheterization</td> <td><input type="checkbox"/> Suctioning (oral/nasal)</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Osteogenesis imperfecta	<input type="checkbox"/> Gastrostomy care	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Ostomy care	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Steroid dependent condition	<input type="checkbox"/> Pre-set oxygen	<input type="checkbox"/> Cardiac condition	<input type="checkbox"/> Clean intermittent catheterization	<input type="checkbox"/> Suctioning (oral/nasal)	<input type="checkbox"/> Diabetes		
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<input type="checkbox"/> Diabetes																
Is your child currently taking prescribed medication? <i>If yes, please list below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Does your child need assistance from MCI staff to administer the medication? <i>If yes, your signature on this form authorizes MCI staff to assist your child in administering their prescribed medication.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Does your child self-administer their prescribed medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No															

Has your child been receiving physician care and/or taking medication within the last year for physical diagnoses/symptoms? <i>If yes, include your child's diagnosis and information on medical care provided.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child receiving professional care due to emotional or psychiatric concerns? <i>If yes, include diagnosis/symptoms and care provided.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever struggled with mental illness? <i>If yes, include diagnosis/symptoms. What coping mechanisms do you have in place?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any additional information about your child of which the school should be aware.	
PLEASE ATTACH A COPY OF YOUR STUDENT'S MANITOBA HEALTH CARD TO THIS APPLICATION.	

ACCOMMODATION & TRANSPORTATION

Do you wish to live in the MCI Dormitory? <i>If yes, a separate dorm application will be provided after admission.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you require daily transportation on the MCI van route? <i>If yes, provide physical address:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

PLEASE PROVIDE A CURRENT CLASSROOM/GUIDANCE TEACHER AND A PERSONAL REFERENCE WE MAY CONTACT. IF POSSIBLE, PLEASE SUPPLY NAMES OF NON-FAMILY MEMBERS.

ACADEMIC REFERENCE	CONNECTION	PHONE #
EMAIL		
PERSONAL REFERENCE	CONNECTION	PHONE #
EMAIL		
DID ANYONE REFER YOU TO MCI? Yes No	NAME OF REFEREE	CONNECTION
PHONE NUMBER AND 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 to 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.

CORE VALUES

CULTIVATING CHARACTER, CALIBRE AND COMMUNITY FOR CHRIST

Mennonite Collegiate Institute expects students and their parents to adhere to the guidelines described in the Academic Handbook, Dormitory Handbook and Code of Conduct which are available on the school's website and with school administrators.

COMMITMENT TO GUIDELINES FOR LIFE AT MCI

As a student at MCI, I agree to:

- Show respect for the school and staff's affiliated "[Confession of Faith in a Mennonite Perspective \(1995\)](#)", Christian values and practices.
- Attend daily chapels and the appropriate Bible classes.
- Show respect and care for other students' spiritual growth and experiences.
- Treat others how you would appreciate being treated.
- Exercise diligence in attending classes and completing academic assignments with punctuality and integrity.
- Abide by expectations in the Academic Handbook, Dormitory Handbook, and Code of Conduct.
- Demonstrate a willingness to work with other members of the MCI community (students, families, teachers, staff, and board) to resolve conflicts when they arise promptly, individually, and initially with the person of interest, with grace and truth, before involving other parties (Matt. 18 principles)
- Forgive as the Lord has forgiven.
- Commit to using words and tone to encourage and uplift rather than to gossip or cut down.
- Positively contribute to the growth and development of the MCI community

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

APPLICANT SIGNATURE

DATE

Your signature indicates your commitment to abide by the guidelines as stated above, 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 PACKAGE CHECKLIST

- ☐ Completed Application Form ☐ Recent Report Card/Transcript ☐ Copy of Health Card ☐ Court Order (if applicable)
- ☐ CMP/IEP/BIP (if applicable) ☐ \$50 Non-refundable Deposit (cash, check to MCI, credit card, or e-transfer to accounting@mciblues.net with student's name in the memo line)

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 loss of enrollment status of the student.

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.