



The future is in
our hands.

Turtle Mountain School Division

P.O. Box 280 Killarney, Manitoba R0K 1G0
Office: (204) 523-7531 Fax: (204) 523-7269

ADMINISTRATION:
Larry Rainnie
Superintendent
Kathy Siatecki
Secretary-Treasurer
Tanya Edgar
Assistant Superintendent of Student
Services
Ken Rose
Supervisor of Buildings & Maint.
John Reimer
Transportation Co-ordinator

APPLICATION FOR ADMISSION

DATE OF APPLICATION: _____

PERSONAL INFORMATION:

Surname (Family Name)		Given Name(s)		Preferred English Name (if applicable)	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth (dd/mm/yyyy)		Citizenship:	
First Language:			Country of Birth:		

HOME MAILING ADDRESS:

Street Address:					
City		Province/State		Country	
				Postal Code	
Telephone (including country and city code)		Fax Number (if applicable)		Email Address (if applicable)	

PARENT'S INFORMATION

Father's Surname		First Name		Work Telephone		Home Telephone	
Mother's Surname		First Name		Work Telephone		Home Telephone	

CONTACT PERSON IN HOME COUNTRY: (if different from above [i.e. sending Agency])

Surname:		First Name		Relationship or Agency Name	
Street Address:					
City		Province/State		Country	
				Postal Code	
Telephone (including country and city code)		Fax Number (if applicable)		Email Address (if applicable)	

CONTACT PERSON IN CANADA

Surname:		First Name		Relationship or Agency Name	
Street Address:					
City		Province/State		Country	
				Postal Code	
Telephone (including country and city code)		Fax Number (if applicable)		Email Address (if applicable)	

Current Medical Conditions (including allergies): _____

Special Needs or Physical Handicaps: _____

Country/Provincial Health Number: _____

Social Insurance Number (if applicable): _____

Academic Information and Educational Goals

Highest Grade Completed: _____ Grade Applying For: _____

(Please circle your answer for each category.)

Understanding English	Very Good	Good	Fair	Poor
Speaking English	Very Good	Good	Fair	Poor
Reading English	Very Good	Good	Fair	Poor
Writing English	Very Good	Good	Fair	Poor

Name and address of last school attended: _____

Principal's Name: _____ School Telephone Number: _____

Do you have any learning disabilities (i.e. dyslexia)? _____ Yes _____ No

If yes, please specify: _____

Do you wish to receive credit for your term(s) of study? _____ Yes _____ No

Do you wish to develop English skills only? _____ Yes _____ No

Please include photocopies of the following required documentation:

_____ School Transcripts _____ Birth Certificate _____ Driver's License
 _____ Passport Number

Please include two (2) letters of reference from your teachers, principal and/or community leaders.

<p>IMPORTANT</p> <p>In order to process this application we need:</p> <ul style="list-style-type: none"> × All areas of form completed × Photocopies of required documentation × Two letters of reference × \$100 Application Fee 	<p>OFFICE USE ONLY</p> <p>Registration processed by: _____</p> <p>Application Fee received: _____</p> <p>Documentation received: _____</p> <p>Letter of Acceptance Issued: _____</p> <p>Balance of fees received: _____</p> <p>Letter of Acknowledgement issued: _____</p>
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