



THE UNIVERSITY OF WINNIPEG  
**Collegiate**

1W02-515 Portage Avenue  
Winnipeg, MB, R3B 2E9

collegiate.uwinnipeg.ca  
E. collegiate@uwinnipeg.ca  
T. 204.786.9221  
F. 204.775.1942

**Office Use Only**

Date of Application \_\_\_\_\_

Student Number \_\_\_\_\_

**2022-23 Academic Year**

Application for Admission for: RETURNING Canadian Students (Grade 10-12)

**Please complete all sections of the application form including the signatures of both parents (if applicable).  
Submit completed application by email or in-person only.**

Note: Applicants for Concurrent Status should apply directly to The University of Winnipeg.

**1.0 Student Information**

Date of Birth \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Gender \_\_\_\_\_  
Month Day Year

Student's Full Legal Name \_\_\_\_\_  
Last Name First Name Middle Name(s)

Permanent Home Address \_\_\_\_\_  
Postal Code

Sessional Winnipeg Address (if different) \_\_\_\_\_  
Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student's Personal Email\* \_\_\_\_\_

Entering Grade (circle one) 10 11 12

Citizenship and Immigration Status  Canadian Citizen  Permanent Resident

(Permanent residents must include a copy of permanent resident card/landed immigrant papers with application.)

If you would like to declare Indigenous ancestry, please specify  First Nation  Métis  Inuit  Uncertain of ancestry

MB Health# \_\_\_\_\_ (6 digit) MB Health PHIN# \_\_\_\_\_ (9 digit)

Do you have a serious medical condition?  Yes  No (if yes, please specify)

Life-threatening allergy (requiring an EpiPen)  Seizure disorder  Diabetes

Asthma (requiring a puffer)  Other (please describe)

The Collegiate may contact you to assess whether or not URIS forms must be completed.

Medical information is collected so that appropriate health care plans may be developed. This information will be shared only with the appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to the Collegiate Dean.

\*Email addresses provided may be shared internally among Collegiate Faculty, student groups, and used for Collegiate communications

## 1.1 Family Information

Parent  Guardian Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name(s)

Home Address \_\_\_\_\_  
Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email\* \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent  Guardian Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name(s)

Home Address \_\_\_\_\_  
Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email\* \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Student Lives with  Parent(s)/Guardian(s), Same Household  Parents, Joint Custody  One Parent/Guardian Only

(Please attach any legal orders or custodianship documents)

### Emergency Contacts (in addition to parents/guardians)

Full Name Phone Number Relationship to Student

Full Name Phone Number Relationship to Student

\*Email addresses provided may be shared internally among Collegiate Faculty, student groups, and used for Collegiate communications

## 2.0 Tuition Fees (this section must be completed in full)

My fees will be paid by myself, parent/guardian, or sponsoring agency listed below. Fees for full-time domestic students are assessed at \$8750 for the academic year. Fees for part-time domestic or visiting or concurrent students are assessed at \$1150/credit for the academic year. I agree to honour all financial obligations for this account in accordance with the Collegiate policies, available on the Collegiate website.

Payee Name \_\_\_\_\_  
Last Name First Name Middle Name(s)

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_  
Postal Code

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Sponsored Students must include Sponsor's letter with application.)

Name of Sponsor \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Should a student withdraw from Collegiate course(s), any refund will be made payable to the person listed above. The Collegiate Refund Schedule is available online at [collegiate.uwinnipeg.ca](http://collegiate.uwinnipeg.ca)

### 3.0 Collegiate Policies: Waivers and Consents

Please complete each section by having both parents/guardians indicate with a check mark in the appropriate box.

We/I hereby give consent/permission for:	Yes	No
Our/my child to participate in school trips or programs held off campus and to be transported by bus.		
The University of Winnipeg Collegiate to photograph and publish and/or use our/my child's likeness in any communications promoting the school, which may include advertising, social media, website, and printed materials.		
The University of Winnipeg Collegiate to send us/me information by email and otherwise, in the form of newsletters, updates, and announcements. This consent is for the purpose of Canada Anti-Spam Legislation (CASL).		
We/I have read and agree to abide by the Collegiate's Textbook Policy and The University of Winnipeg's Library Fine Policy (available online at <a href="http://collegiate.uwinnipeg.ca">collegiate.uwinnipeg.ca</a> ).		
We/I have read and agree to abide by the Collegiate Computer User Code of Ethics (available online at <a href="http://collegiate.uwinnipeg.ca">collegiate.uwinnipeg.ca</a> ).		

### 3.1 Collegiate Policies: Emergency Medical Assistance

We/I hereby authorize The University of Winnipeg Collegiate to give and/or obtain emergency medical assistance for our/my child in the event that we/I cannot be reached, including that our/my child may be given emergency treatment by a staff member at the Collegiate. The Collegiate will attempt to make contact with the persons listed as emergency contacts and will follow their wishes if the circumstances allow. We/I hereby release and agree to hold harmless all staff, officers, directors and trustees of the Collegiate of and in respect of any claims, suits and demands, which we/I and/or our/my child may have, and from any injury, damages or death our child may incur or sustain, in respect of any such treatment sought or administered in good faith. We/I also give permission for my child to be transported by car or ambulance to a hospital.

### 3.2 Collegiate Policies: Code of Conduct

We/I confirm that we have read the Collegiate's code of conduct found at [collegiate.uwinnipeg.ca](http://collegiate.uwinnipeg.ca) and agree to be bound by and abide by its terms. We/I acknowledge and agree that we/I are responsible along with our child for his/her compliance with said code of conduct including compliance with provisions against bullying and harassment. We/I acknowledge and agree that failure to abide by the code of conduct by either ourselves and/or our child may result in suspension and/or expulsion of our child from the Collegiate. We/I agree to indemnify and hold the Collegiate and its staff and faculty harmless from and against any liability, damage, loss, claim, suit, proceeding, cost or expense brought or made against them, or suffered or incurred by them, resulting from our and/or our child's noncompliance with the code of conduct.

### 3.3 Collegiate Policies: Declaration

I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg Collegiate to request, confirm, and/or share any necessary information with other educational institutions to support my application. If accepted to The University of Winnipeg Collegiate, I agree to follow Collegiate regulations and policies (as outlined in sections 3.0–3.2).

I accept this declaration

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Student (if over 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

Personal information on this application is collected pursuant to 36(1) of The Freedom and Information and Protection of Privacy Act (FIPPA) and may be used and disclosed by The University of Winnipeg Collegiate for admission, registration, awards, student records, alumni services, housing, and other activities related to being a member of the Collegiate community. De-identified information may be used by the Collegiate for research/planning. Personal health information, if any, is collected pursuant to The Personal Health Information Act (PHIA) and will be used to develop appropriate student health-care plans. All personal and personal health information is protected under FIPPA and PHIA. If you have any questions about the collection and the use of this information, please contact: Dean of the Collegiate, The University of Winnipeg Collegiate, 515 Portage Avenue, Winnipeg, Manitoba, R3B 2E9, 204.786.9221, collegiate@uwinnipeg.ca.

### 4.0 Information Release

If you are under 18 years of age, the Collegiate is obliged by law to provide academic and personal information to your parents/guardians. If you are over 18 years of age or will turn 18 during the school year, please indicate below your wishes with respect to the release of such information.

**The Collegiate may release information regarding my attendance and grades to my parents/guardians upon request.**

Yes  No **Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_