

# RE-ENROLLMENT FORM

## 2010 – 2011

### STEPS NEEDED TO COMPLETE YOUR REENROLLMENT:

Answer all questions that apply to you, making sure that you and your parent(s) have signed.

Forward the completed form, together with a non-refundable deposit of **\$200** (\$2,000 for international students), to MCI, Box 250, Gretna, MB R0G 0V0

**Note:** A \$150 early application credit is awarded if your form *and* deposit reach MCI by **April 15**. In the event that your application to reenroll at the MCI is not granted, your \$200 deposit will be refunded.

### PERSONAL AND ACADEMIC DATA:

Name \_\_\_\_\_ Grade/Level in 2010-2011 \_\_\_\_\_  
(As it appears on your birth certificate)

### ACCOMMODATION NEEDS:

Do you wish to live in residence? \_\_\_\_\_

If you plan to live in residence, but are unable to go home regularly for weekends, give the name and address of someone with whom you could spend weekends when the residence is closed.

Name of Host: \_\_\_\_\_ Phone.# \_\_\_\_\_

Address: \_\_\_\_\_

Relationship of this host to you? \_\_\_\_\_

### TRANSPORTATION NEEDS:

Will you require transportation to the MCI? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, can you participate in a car pool in your area to reduce costs? Yes \_\_\_\_\_ No \_\_\_\_\_

\*MCI's Morden-Winkler van route: Daily? \_\_\_\_\_ Monday morning/Friday afternoon? \_\_\_\_\_

\*MCI's Morris van route: Daily? \_\_\_\_\_ Monday morning/Friday afternoon? \_\_\_\_\_

A regular Borderland School Division bus route? \_\_\_\_\_

**Note:** If your answer to any of the above questions is *yes*, please indicate your exact home street location (town), or legal description (rural): \_\_\_\_\_

Will you require weekly Friday transportation from Gretna to Winnipeg? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you require weekly Sunday transportation from Winnipeg to Gretna? Yes \_\_\_\_\_ No \_\_\_\_\_

***\*We encourage students to consider residence life options and encourage families to provide a car-pool arrangement whenever possible.***

## CO-CURRICULAR PLANS FOR 2010-2011:

In which of the following activities would you like to participate next year at MCI?

### Music & Drama

Chamber Choir \_\_\_\_\_

Ensemble \_\_\_\_\_

Drama \_\_\_\_\_

Musical \_\_\_\_\_

Band (instrument) \_\_\_\_\_

Worship Band \_\_\_\_\_

### Interscholar Sports

Soccer \_\_\_\_\_

Volleyball \_\_\_\_\_

Basketball \_\_\_\_\_

Hockey \_\_\_\_\_

Badminton \_\_\_\_\_

Track & Field \_\_\_\_\_

Fastball \_\_\_\_\_

### Student Leadership

Student Council \_\_\_\_\_

Res Leadership \_\_\_\_\_

Yearbook \_\_\_\_\_

Photography \_\_\_\_\_

Bible Study \_\_\_\_\_

Missions \_\_\_\_\_

### Private Music Instruction:

Do you wish to receive private music instruction at MCI next year? \_\_\_\_\_

In which instrument or voice? \_\_\_\_\_

At what grade level? \_\_\_\_\_ (Toronto Conservatory, or Western Board)

### REFLECTIONS ON YOUR MCI EXPERIENCE:

Comment on two or three highlights of your experience at the MCI to date.

What are your hopes for your next year at the MCI? Be specific.

### COMMITMENT TO MCI'S LIFESTYLE EXPECTATIONS:

I understand that when I'm a student at MCI, Christian standards of conduct will be expected of me at all times. These standards include refraining from the use of tobacco, alcohol and illegal drugs. In the residence I will comply with the routines and contribute to a wholesome atmosphere for all residents. I'm willing to abide by and support the objectives of the MCI as described in the school's catalogue.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

As parents/guardians, we understand MCI's lifestyle expectations and affirm our child's intention to attend the school. We will do all in our ability to support our child and the school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

# MEDICAL FORM

## 2010-2011

**Instructions:**

Parents, please complete this form and mail it directly to: **Mennonite Collegiate Institute, Box 250, Gretna, MB R0G 0V0**. The form will be used by staff and medical personnel to deal with medical problems should they arise at school. Please include a copy of immunization record.

Student's Name: \_\_\_\_\_ Family Manitoba Medical # \_\_\_\_\_

Individual Manitoba Medical # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

1. Please give the name and address of your family doctor.

Doctor's name: \_\_\_\_\_ Office phone \_\_\_\_\_

Address \_\_\_\_\_

2. What remedies do you use at home for

a. Colds \_\_\_\_\_

b. Flu \_\_\_\_\_

c. Other common ailments

\_\_\_\_\_

3. Are any over-the-counter drugs not safe to be used for your child (eg. aspirin, tylenol, cough syrup)?  
Please give brand names.

\_\_\_\_\_

4. If he or she has any allergies, give details and indicate the dosage of any medication taken.

\_\_\_\_\_

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5. If he or she requires a special diet, please describe it.

\_\_\_\_\_

\_\_\_\_\_

6. If the applicant is unable to participate in the regular physical education program, please give details.

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7. If your son or daughter is presently on any prescribed medication, please identify the medication and the dosage.

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8. If she has any menstrual irregularities, or accompanying problems such as severe cramps, please comment.

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9. If he or she has been under a physician's care, or received prescribed medication within the last year, please give details.

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10. If the applicant has received any professional care due to emotional or psychiatric concerns, please explain

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11. Please provide any other medical information about the applicant of which the school should be aware.

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12. In case of emergency, do you grant MCI staff permission to take your son or daughter to a hospital or clinic?

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Parent's Signature

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Date