

STUDENT APPLICATION

2010-2011

PERSONAL DATA:

admissions@mciblues.net

Name _____ Sex: M _____ F _____
(As it appears on your birth certificate. Please underline the name you use)

Address _____ City _____

Postal Code _____ Phone _____

Birth date _____ Medical No. _____
year/month/day

Email Address _____

Name of Father/Guardian _____ [] Check if MCI Alumnus

Address _____ City _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

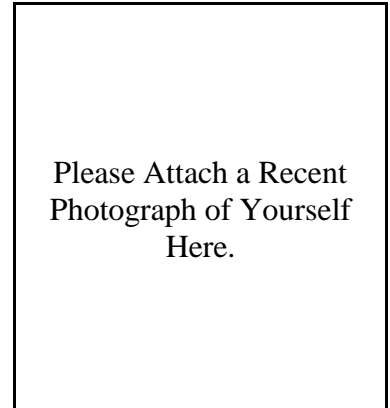
Email Address _____ Fax: _____

Name of Mother/Guardian _____ [] Check if MCI Alumnus

Address _____ City _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Fax: _____



ACADEMIC INFORMATION:

Grade level applied for _____ School presently attending _____

Principal _____ Counselor _____

Address _____ Phone Number _____

Home School Division - Name & No. _____

Met Number (9 digit number found on transcripts/report cards): _____

ACCOMMODATION/TRANSPORTATION NEEDS:

MCI works hard to provide students with transportation services if needed. The locations of routes are determined by the number of students requiring transportation from that area. You may need to consider car pool or Residence as options if there are not enough students from your area to make a van route viable for MCI. MCI may also need to create a pick-up location within the towns it travels too.

Do you wish to live in residence? Yes ____ No ____

If no, please fill out the following:

Will you require daily transportation to MCI via an MCI van route? Yes ____ No ____
Please indicate your exact home street location (town), or legal description (rural):

Will you be participating in a car pool from your area? Yes ____ No ____
Will you be traveling on a Borderland School Division bus? _____

Will you require weekly Friday transportation from Gretna to Winnipeg? Yes ____ No ____
Will you require weekly Sunday transportation from Winnipeg to Gretna? Yes ____ No ____

CO-CURRICULAR INTERESTS:

In what church-related or community activities (for example, youth group, 4-H, minor hockey, paid or volunteer job) have you been involved? Have you carried any leadership positions? _____

List other interests and hobbies: _____

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

Music & Drama

- ___ Chamber Choir
- ___ Ensemble
- ___ Drama
- ___ Musical
- ___ Band instrument played: _____
- ___ Woship Band

Intervarsity Sports

- ___ Soccer
- ___ Volleyball
- ___ Basketball
- ___ Hockey
- ___ Badminton
- ___ Track & Field
- ___ Fastball

Student Leaders

- ___ Student Council
- ___ Res. Leadership
- ___ Yearbook
- ___ Photography
- ___ Bible Study
- ___ Missions

Private Music Instruction:

Previous private music instruction in _____ (instrument or voice):

Highest grade earned: _____ (Toronto Conservatory, or Western Board);
Highest grade earned in music theory/history: _____ (Toronto Conservatory, or Western Board).

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).

FAMILY DATA:

Please name your brother(s) and sister(s), and indicate their age(s) and grade level(s).

Name: _____ Age: _____ Grade: _____ Name: _____ Age: _____ Grade: _____
Name: _____ Age: _____ Grade: _____ Name: _____ Age: _____ Grade: _____

Describe your relationships with your parents and siblings. _____

CHURCH AND CHRISTIAN LIFE:

*Note: A commitment to the Christian faith is not required for admission to the MCI program. However, the school will teach from a Christian perspective and we ask all students to represent the guidelines set out in our school catalogue.

Congregation _____ Denomination _____

Address _____

Pastor _____ Home Phone _____

Youth Pastor/Leader _____ Home Phone _____

Date of baptism, if applicable _____

What do Christ and the Christian faith mean to you at this stage in your life? _____

Why do you wish to study at MCI, and how do you expect the experience to affect your life? _____

COMMITMENT TO MCI'S LIFESTYLE EXPECTATIONS:

I understand that when I am 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 grant permission for him/her to participate in normal school-related activities and field trips and will do all in our ability to support our child and the school.

Date Parent/Guardian's Signature

REFERENCES:

Please preview one of the enclosed reference forms, choose **three referees** who are in the best position to answer **all** questions on the form, and ask them to complete and mail in their reference letter **within two weeks** of the date of your application. Do not use family members or close relatives.

1. School counselor, teacher or principal

Name _____ Work Phone _____

Address _____ Home Phone _____

2. Church or community leader

Name _____ Work Phone _____

Address _____ Home Phone _____

3. Your own choice

Name _____ Work Phone _____

Address _____ Home Phone _____

STEPS TO COMPLETE YOUR APPLICATION:

1. Complete this application form completely and accurately. Before mailing it, please check to make sure you've answered all questions that apply to you, and that you and your parent(s) have signed the application.
2. Mail this completed application form, a non-refundable deposit of \$200, copies of final report cards for previous high school grades, mid-year progress report for the current year, and your medical form to:
Admissions, Mennonite Collegiate Institute, Box 250, Gretna, MB R0G 0V0.

Notes:

- a. An early application credit is awarded to new students if the application forms, deposit \$200, and report card(s) reach MCI by the following dates:
April 15 - \$200, early application credit
May 31 - \$100, early application credit
- b. The \$200 deposit is refunded immediately in the event that your application to attend the MCI is not accepted.
3. Ask each of the three referees to complete a reference form, and mail it to MCI **within two weeks** of your mailing in your application. (Your acceptance letter from MCI will be sent only after all three reference letters have been received).
4. Submit the **official certified transcript** of your most recent year studies to Mennonite Collegiate Institute by July 15, 2010.

MEDICAL FORM

2010-2011

Instructions:

Parents, please complete this form and mail it directly to: **Admissions Counselor, 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 your **Manitoba Medical card.**

Student's Name: _____ Family Manitoba Medical # _____

Grade in 2009-2010: _____ Individual Manitoba Medical # _____

Father's Name: _____ Work Phone _____ Home Phone _____

Mother's Name: _____ Work Phone _____ Home Phone _____

Address: _____ Birth date: ____/____/____
Year/Month/Day

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 (e.g., 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.

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.

7. If your son or daughter is presently on any prescribed medication, please identify the medication and the dosage. Secondly, is the medication self-administered, or will MCI staff be required to administer and monitor dosage.

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

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

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

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

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

Parent's Signature

Date

**GUIDELINES FOR LIFE AT
MENNONITE COLLEGIATE INSTITUTE**

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 the secular world.

Mennonite Collegiate Institute offers an educational experience in a Christian community. We expect students to adhere to the guidelines described in the *Student Handbook*.

As a student at MCI, I agree to:

Show respect for the school's religious values and practices. We expect students to attend daily chapels and the appropriate Religion 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.

Refrain 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*.

STUDENT=S SIGNATURE

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

Signature

Date

PARENT'S SIGNATURE

Your signature indicates that you understand MCI's lifestyle expectations and commit yourself to support your child's intention to attend MCI. It also gives permission for him/her to participate in normal school-related activities and field trips.

Signature

Date

PERSONAL REFERENCE FORM

2010-2011

_____ has applied for admission to Mennonite Collegiate Institute and has named you as a personal reference. To help us understand this person and evaluate his or her ability to study and live responsibly at the Mennonite Collegiate Institute, we would appreciate your response - including examples where possible - to the questions below. Please mail this completed form **within two weeks** to: **Admissions Counselor, Mennonite Collegiate Institute, Box 250, Gretna, MB R0G 0V0**. Your promptness is appreciated, since a final decision regarding the applicant's acceptance at MCI is not made until all reference letters reach the school.

Name of Referee _____ Phone _____

Address _____

1. How long have you known this applicant? _____

In what capacity? _____

2. Please assess the applicant's relationship with
a. Parents and siblings:

b. Peers:

3. What are the applicant's strengths and gifts?

Weaknesses or areas needing growth?

4. Are you aware of any aspects of the applicant's personality or background which might enhance or complicate the applicant's?

a. dormitory relationships?

b. academic performance?

5. At what stage is the applicant in terms of a personal commitment

a. to Christ?

b. to the church?

6. In which area(s) do you think the applicant has special gifts that he or she could contribute to the community life of our school?

academics _____

sports _____

Christian life _____

music _____

residence life _____

drama _____

student government _____

Comments:

7. Has the applicant shown an ability to lead, or to organize group tasks? Please comment.

8. In your opinion, will the applicant require financial assistance? Please comment.

9. Do you feel that there is a strong desire on the part of the student to attend MCI?

10. Additional Comments:

Referee's Signature

Date