



## Personal Information

Your full legal name, as shown on your passport, is required and will appear on your certification/diploma/transcript as indicated below.

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## Mailing Address

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
What is your primary language? (Commonly used language): \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

## Health Information

Please provide the names of two people we can contact in case of an emergency.

1.  
Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cellphone Work Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

2.  
Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cellphone Work Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_



## Medical Information

**Do you have any allergies?**

Yes  No

If yes, please specify: \_\_\_\_\_

**Do you take any medications?**

Yes  No

If yes, please specify: \_\_\_\_\_

**Do you use an epi-pen?**

Yes  No

**Do you use an inhaler?**

Yes  No

**Do medical conditions prevent you from participating in physical activities?**

Yes  No

If yes, please specify: \_\_\_\_\_

**Do you have, or have you had, any injury, medical concerns or conditions, psychiatric or emotional conditions that could impact your ability to be successful in the International Student Program?**

Yes  No

If yes, please specify: \_\_\_\_\_

**Please note:** Medical insurance may not cover undisclosed or pre-existing medical conditions.

LRSD is not responsible in situations where students have undisclosed pre-existing medical conditions that are not covered by medical insurance.

## Health Insurance

All International Students studying in LRSD must purchase mandatory health insurance through GuardMe. The total health insurance fees will be invoiced on your first statement. International Students studying in Manitoba for over six months will also be covered by Manitoba Health.

**Have you already applied for, or do you currently have Manitoba Health Insurance?**

Yes  No

Family Manitoba Health Registration # (6 digits): \_\_\_\_\_

Personal Manitoba Health ID (9 digits): \_\_\_\_\_

## Proof of Language Proficiency

**Is English your first language?**  Yes  No

**If you answered "no," which English language test did you take?**

TOFELT  IELTS  CanTest  MELAB  Other

If you answered "Other," please specify: \_\_\_\_\_

Score: \_\_\_\_\_

Test Date: \_\_\_\_\_



## Release of Information (if applicable)

I hereby authorize the Louis Riel School Division to release any of the following items: admission status, transcripts, progress, attendance records, or financial records to:

Agency: \_\_\_\_\_ Relative/Friend: \_\_\_\_\_  
 Agent Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Agent Email: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

## Programs

Please indicate the program you wish to apply for:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Electrical Trades             | <input type="checkbox"/> Automotive Technology |
| <input type="checkbox"/> Esthetics                | <input type="checkbox"/> Baking & Pastry Arts          | <input type="checkbox"/> Hairstyling           |
| <input type="checkbox"/> Early Childhood Educator | <input type="checkbox"/> Information Systems Architect | <input type="checkbox"/> Broadcast Media       |
| <input type="checkbox"/> New Media Design         | <input type="checkbox"/> Culinary Arts                 | <input type="checkbox"/> Plumbing              |

## Payment

There is a \$200.00 CAD non-refundable application fee and \$400.00 CAD non-refundable tuition deposit for each program applied for.

In your payment, please include:

- \$200.00 CAD Application fee (required)
- \$400.00 CAD Non-refundable tuition deposit
- \$100.00 CAD Transfer fee (required per transfer)

Payment Options and Fees – Please select one

Pay in Full

Payment Date: \_\_\_\_\_ | Two months prior to program start | \$11950.00\* (after deposit)

2 installments - \$50.00 CAD payment fee

First Payment Plan | Two months prior to first term start date | 50% |

Second Payment Plan | Two months prior to first term start date | 50% |

Nonpayment of tuition will result in the student being exited from the program. All institutional services including marks, diploma/certificate and future registrations will be withheld until all financial obligations to the institute have been met in full.

Note: All payments must be in Canadian funds. You may pay the full tuition amount by cheque/credit/debit card directly to LRSD by due date on your "Letter of Acceptance."



## Methods of Payment

**In person** (Debit/Credit/Cheque/Bank Draft) – please phone the ISP Office at **1-204-257-7827** to book an appointment for payment.

**Bank Draft/Money Order/Personal Cheque** (payable to Louis Riel School Division)

**Credit Card:**                       Visa                       Mastercard

Card Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

X Signature: \_\_\_\_\_

**Bank Transfer:** \_\_\_\_\_

International Wire Transfer Information: Louis Riel School Division, 900 St. Mary's Rd., Winnipeg, MB. R2M 3R3

**Account #:** 101-887-8    **Transit #:** 00007    **Bank Institution #:** 003    **Sift Code:** ROYCCAT2

**Bank Information:** Royal Bank of Canada – 220 Portage Avenue, Winnipeg, MB, Canada

Send a copy of the bank transfer receipt, with the student's name clearly written, by fax to **1-204-237-7179**, or email [isppfinance@lrsd.net](mailto:isppfinance@lrsd.net)

## Declaration

- I declare that I have read and understood the information in this application and guide, including the Notice Regarding Collection, Use and Disclosure of Personal Information, and that all statements made with respect to this application are true and complete.
- I understand that misrepresentation, falsification of documents or the withholding of requested information with respect to this application can result in cancellation of the acceptance and registration, or dismissal from the Louis Riel School Division.
- I agree, if admitted, to comply with the regulations of the Louis Riel School Division.
- I understand that the intake my application is being processed for and that the Louis Riel School Division cannot guarantee entry into a specific intake, or program.

## Use of Personal Information

### The freedom of Information and Protection of Privacy Act and The Personal Health Information Act at Louis Riel School

**Division:** The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA) both apply to the Louis Riel School Division. Should any of the Institute's policy conflict with FIPPA or PHIA, the provisions of FIPPA or PHIA shall prevail unless otherwise expressly provided for at law.

**Notice Regarding Collection, Use, and Disclosure of Personal Information by the Louis Riel School Division:** LRSD collects personal information in the course of admission, registration and related activities. In accordance with the Manitoba Legislation, Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Health Information Act (PHIA), the Louis Riel School Division respects the personal information in its possession, applicants and students and treats it in a confidential manner. It may be disclosed to other educational institutions, government departments, co-sponsoring organizations, or the Louis Riel School Division staff members. Information regarding graduation and awards may be made public. The Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act protect all personal information.



## Terms and Conditions

Louis Riel School Division wishes to provide a culturally valuable educational experience to International Students studying in our school division.

### 1. ATTENDANCE & SCHOOL WORK

please check once read Student

I understand that a successful experience in the International Student Program of the Louis Riel Division depends upon following the rules of the school I attend. These rules include, but are not limited to: regular class attendance; completion of all homework and assignments; actively participating in classroom work; maintaining a good academic standing; participation in activities offered by the program and following all of the health and safety protocols of my selected program (i.e. hygiene guidelines, use of equipment, wearing the required uniform, etc.). Specifics of these protocols will be discussed in each of my programs by my instructor. I commit to study and complete the program I chose.

### 2. LAW, RULES & REGULATIONS

please check once read Student

I understand that serious breaches of the program rules include, but are not limited to possession, use or trafficking of alcohol, illegal drugs and paraphernalia; and breaking the LRSD guidelines, provincial and federal laws. Consequences may include termination from the program with no refund.

### 3. ENGLISH PROFFICIENCY

please check once read Student

I understand that my acceptance to the Louis Riel Arts & Technology Centre depends on proof of the required knowledge of the English Language. I understand that the entrance requirement is IELTS 6.0 or equivalent in another English Language assessment. This is required to satisfy the Canadian Standard of the industry and to ensure my safety and safety of others.

### 4. REFUND

please check once read Student

I understand that a refund will be issued only in the event that my study permit/student visa is denied. Application fee (\$200) and Seat Deposit Fee (\$400) non-refundable. I understand that my program fees cover my application fee, tuition and medical insurance.

### 5. CO OP/WORK PRACTICUM

please check once read Student

I understand some of the ATC programs require mandatory work practicums or co-ops permits. The work practicums or co-ops provide students with relevant practical experience, working knowledge of on-the-job procedures, and an opportunity to build job contacts. ATC will award certificates to students who successful complete requirements of their program. It is my responsibility to apply and obtain the permits required for my study. I must be in possession and hold these permits, prior to start my work experience. Copies will be provided to the International Student Program. If I am taking a course that requires apprenticeship, I understand that I must maintain an average of 70% in the course to be eligible to participate in the work experience.

I understand that I may have many questions pertaining to immigration programs, work permits, study permits, etc. It is my responsibility to consult with an Immigration Consultant or CIC to seek information and apply for a co-op and/or work permit, in addition to a study permit, to complete my program requirements in order to receive certification at ATC.

### 6. PHOTOS/VIDEOS/SOCIAL MEDIA

please check once read Student

Such photos, moving images and videos may be used in Departmental or School publications (i.e. brochures, newsletters, and school/division website) and in submissions to the local paper and any other agency as authorized/sanctioned by the Louis Riel School Division. I understand these materials could be used for publicity purposes.

When posting pictures, messages, or comments on any social media site (including but not limited to Facebook, Twitter, Instagram, etc.) I will respect personal dignity and NOT post negative, inappropriate or hurtful messages/photos of my peers and LRSD staff.



## 7. GENERAL RELEASE

please check once read Student

- The Louis Riel School Division can, at its discretion, reserve the right to apply consequences and/or dismiss me without tuition refund for reasons such as (but not limited to): (i) providing false and/or inaccurate information my Student Application Form, (ii) not disclosing or providing accurate information about any medical information, (iii) violating any of the rules set out by ATC and International Student Program and Manitoba or Canadian Law, non-payments of school tuition fees and other breaches of any agreement/contract discussed in the Terms and Conditions for studying in the LRSD and LRSD application form.
- The Louis Riel School Division reserves the right to terminate participation for the violation of program rules and/or when a participant's mental and/or physical health is in jeopardy (as determined solely by the division).
- I understand that if I am terminated from the program, Immigration, Refugees and Citizenship Canada (IRCC) will be notified.
- I have read and understand the [Refund Guidelines](#).
- I give permission to notify my parents/agents in the event of emergency or serious academic and behavior issues.
- I have read the above and agree to fulfill all my obligations as set out. I also agree to both the medical release authorization and to the agreement and release clause. I understand that having signed this agreement, failure to follow the rules above could result in disciplinary action and/or dismissal from the Louis Riel School Division.

---

Name of Student

Student's Signature

Date