



Rosthern Junior College

STUDENT APPLICATION PACKAGE *Canada/USA Student*

RJC Application Forms

- Application for Admission
- Student Fee Schedule
- Student Reference Form (x3)
- Medical History Form

Other RJC Forms

- Release of Cumulative Folder & Special Education File
- Privacy Information Consent Form
- SHSAA Student Transfer Form (needed only for new students)
- SHSAA Parent Appeal Form (needed for SHSAA transfers)
- Student Financial Assistance Application (if needed)
- Vehicle Registration (if needed)



Rosthern Junior College
APPLICATION FOR ADMISSION 2016-2017
 Canada/United States

Box 5020 Rosthern, SK S0K 3R0
 Phone: (306)232-4222 Fax: (306)232-5250
 email: office@rjc.sk.ca admissions@rjc.sk.ca
 www.rjc.sk.ca

The information required in this application form is necessary for the processing of your admission to our school. Please fill out completely & accurately.
A non-refundable registration fee of \$100 must be received before your application can be processed.

A. Personal Information Date _____

Name _____ Applying for Grade _____
First Middle Last (Surname)

Commonly used first name if different from above _____ Female _____ Male _____

Date of Birth (dd/mm/yy) _____ Place of Birth _____ Age (as of Sept. this year) _____

Mailing Address _____

Street or Land Description _____ City _____

Province _____ Postal Code _____ Home Phone # _____ Student's Cell # _____

Student's Email _____ Social Insurance # _____

Applying for Residence: Yes _____ No _____

***Health Card # _____ *necessary before application is processed.**

B. Family Information
 (if different from above)

Father: **Custodial Parent:** _____ **Joint Custody:** _____ **Deceased:** _____

Name (first/last) _____ Home Phone # _____

Street/Box # _____ City _____

Province _____ Postal Code _____ Occupation _____

Work Phone # _____ Email (home) _____ Email (work) _____

Cell Phone # _____ Fax # _____

Mother: **Custodial Parent:** _____ **Joint Custody:** _____ **Deceased:** _____

Name (first/last) _____ Home Phone # _____

Street/Box # _____ City _____

Province _____ Postal Code _____ Occupation _____

Work Phone # _____ Email (home) _____ Email (work) _____

Cell Phone # _____ Fax # _____

C. Church Information

Parents are members/attend (include denomination) _____

Address _____

Student is a member/attends (include denomination) _____

D. Aboriginal Ancestry

Aboriginal people are those who identify themselves to be First Nations (Registered/Treaty/Status Indian, Non-Status Indian), Metis, or Inuit/Inuk. Based on this definition, do you consider yourself to be an Aboriginal person? YES or NO

If YES, please indicate which Aboriginal group you belong to: (circle)

- Registered/Treaty/Status Indian
- Non-status Indian
- Metis
- Inuit/Inuk

Residence: (circle)

- On Reserve
- On Crown Land
- Off Reserve

Home Language: (circle)

- English
- French
- First Nation

Indian Registry # _____

Band of Residence _____

E. Education Information **necessary before application can be processed.*

Current School attending _____

Address _____

City _____ Province _____ Postal Code _____

Phone # _____ Current Grade _____ What year did you begin Grade 10? _____

Saskatchewan Education Student ID Number (9-digits) _____

(If you are currently or have previously attended elementary or high school in Saskatchewan this number should be printed on your report card, or is available from the school you are attending.)

Out of Province students need to provide an official transcript of any Grade 10, 11 or 12 classes they have already taken.

F. Other Information

How did you hear about RJC? (check all that apply)

Family Open House Newspaper Friend Web site TV Radio Church

Other (please specify) _____

Do you use Facebook? Y/N _____ Twitter? Y/N _____ InstaGram? Y/N _____ Pinterest? Y/N _____

Who encouraged you to apply to RJC? Check as many as apply.

Parents Current student Youth Pastor

Grandparents Former student Pastor

Other (please specify) _____

I _____ am registering _____ for school this coming school year.
parent/guardian name student name

Relationship to student: _____

Date: _____

A non-refundable Registration Fee of \$100 must accompany this form

Credit Card Information:

Card #: _____

I have paid by: Credit Card (✓) Cheque (✓)

Exp Date: _____ Name: _____



Rosthern Junior College
STUDENT FEE SCHEDULE 2016-2017
 Canada/United States

A. PERSONAL INFORMATION:

Name of Student _____

Guarantor of Payment _____

Street/Box # _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Parent's Email Address _____

B. FEES FOR 2015-16:

	Regular Fees	MC SK, MC AB Alumni	Out of Province
Tuition	7,305	5,695	8,665
Residence	6,860	6,860	6,860
TOTAL	\$14,165	\$12,555	\$15,525

NOTE: MC SK refers to Mennonite Churches - Saskatchewan; MC AB refers to Mennonite Churches – Alberta

C. OTHER FEES:

Registration Fee (<i>non-refundable</i>)	\$100
Grade 12 Graduation Fee (<i>non-refundable</i>)	\$175
Damage Deposit Fee (<i>refundable</i>)	\$125
Shuttle Service Fee	\$900

This is a Day Student Option – see section K. Explanation of Fees, f) Shuttle Service Fee

D. PAYMENT OPTIONS:

Deposit: **Day students** need to provide a tuition deposit of \$500 by August 1, 2016
Resident students need to provide a tuition deposit of \$500 and a residence deposit of \$500 by August 1, 2016
 (To be applied to school fees/payments)

	Plan A Full payment on Registration Day	Plan B Two installments Sep 1/16 and Dec 31/16	Plan C Ten installments Sep 1/16–June 1/17
Saskatchewan - Day	\$7,305	\$3,835 + \$3,835 = \$7,670	\$767 x 10 = \$7,670
Saskatchewan - Residence	\$14,165	\$7,437.50 + \$7,437.5 = \$14,875	\$1,487.50 x 10 = \$14,875
MC SK, MC AB, Alumni – Day	\$5,695	\$2,990 + \$2,990 = \$5,980	\$598 x 10 = \$5,980
MC SK, MC AB, Alumni - Residence	\$12,555	\$6,590 + \$6,590 = \$13,180	\$1,318 x 10 = \$13,180
Out of Province - Day	\$8,665	\$4,550 + \$4,550 = \$9,100	\$910 x 10 = \$9,100
Out of Province - Residence	\$15,525	\$8,150 + \$8,150 = \$16,300	\$1,630 x 10 = \$16,300

CHOOSE ONE OF THE ABOVE PAYMENT OPTIONS:

_____ **Plan A** _____ **Plan B** _____ **Plan C** _____ **Plan D** (*other arrangements suitable to school*)

Shuttle Fee _____ (Families in Warman/Osler/Hague area)

E. FINANCIAL ASSISTANCE

RJC attempts to make school costs affordable to families who are interested. Financial assistance is available for eligible students. If you are applying or re-applying for financial assistance, please request a Financial Assistance Form from admissions@rjc.sk.ca or download a copy from the website. Choose Plan option "D" on the previous page.

Allocations for financial assistance are made June 15 and August 15. The deadline for financial assistance requests for returning students is **May 15, 2016** and for new students **June 15, 2016**.

F. MARKS WITHHELD from Saskatchewan Ministry of Education:

Marks are only submitted to the Saskatchewan Ministry of Education for those students whose accounts are currently paid in full. ***No transcripts will be issued until overdue accounts are addressed.***

G. FINANCIAL CONTRACT:

Regarding the enrollment of my student, _____
I understand the following:

- a. Accounts need to be paid according to the financial arrangements made with the school.
- b. Marks are withheld from the Saskatchewan Ministry of Education until overdue accounts are addressed.
- c. Failure to address accounts may result in my son/daughter being asked to withdraw or his/her re-registration denied.

Signature of Parent/Guarantor

Date

Signature of School Official

Date

Please sign and return this schedule to Rosthern Junior College, Box 5020, Rosthern, SK S0K 3R0 or fax to 306-232-5250.

***A \$500 tuition and \$500 residence deposit (if applicable) is due on August 1, 2016.
This will be applied to the student's tuition and residence fees.***

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Revised Dec 2015



Rosthern Junior College

STUDENT FEE SCHEDULE 2016-2017

Canada/United States

Please retain this page for your reference

H. NOTES TO FEES:

a) Fee Reductions:

- Mennonite Church Saskatchewan, Mennonite Church Alberta, together with the RJC Alumni Association, provide funds for member students, hence have reduced fees for their students.
- Second and third students from a family attending during the same year, have their tuition fee reduced by \$1,135.

b) Out-of-Province Fees:

- Saskatchewan Ministry of Education offers grants to Saskatchewan students only, hence out-of-province students have a surcharge added to their fees.

c) Noon Meal Fees:

- These costs are included in the tuition fee.

I. WITHDRAWALS AND REFUNDS:

a) Academic Fees & Residence Fees are refundable on a prorated basis according to the number of days the student has been enrolled, up until **October 31** (Semester I) and **March 1** (Semester II). Fees after those dates are non-refundable.

b) Student Activity and Learning Resources are refundable until **September 30** (Semester I) and **February 28** (Semester II new students). **Capital Replacement Fees are non-refundable.**

c) RJC Clothing Fee is non-refundable once the items have been worn.

d) Accident Insurance Fee is non-refundable once premiums have been submitted.

e) Shuttle service fees are refundable on a pro-rated basis up until the end of September for Semester I and after the end of February for Semester II. If withdrawal occurs after these dates the shuttle fees are non-refundable.

J. EXPLANATION OF FEE STRUCTURE:

	Saskatchewan Regular	Alumni, MCSK, MC AB	Out of Province
Academic Fee	\$6,240	\$4,360	\$7,600
Student Activity Fee	300	300	300
Learning Resources Fee	240	240	240
Capital Replacement Fee	395	395	395
Student Accident Insurance	20	20	20
School Clothing Fee	<u>110</u>	<u>110</u>	<u>110</u>
Tuition Fees (all students)	\$7,305	\$5,695	\$8,665
Resident Fee	\$6,860	\$6,860	\$6,860
Combined COST (resident students)	\$14,165	\$12,555	\$15,525

***Shuttle Fee (option for Day Students) - \$900/year**

Registration Fee (<i>non-refundable</i>)	\$100	\$100	\$100
Grade 12 Graduation Fee (<i>non-refundable</i>)	\$175	\$175	\$175
Damage Deposit Fee (<i>refundable</i>)	\$125	\$125	\$125

***A \$500 tuition and \$500 residence deposit (if applicable) is due on August 1, 2016.
This will be applied to the student's tuition and residence fees.***

K. EXPLANATION OF FEES

- a) **ACADEMIC FEE** includes the costs for instruction, labs, internet usage, email service, library, physical education and similar expenses. Noon meal costs are included as well.
- b) **STUDENT ACTIVITY FEE** includes the costs for student council expenses: Faith & Life, Spirit, Link (RJC yearbook available to students who complete a semester), "Borscht" student newsletter. In addition the costs for student retreats, ALSO, year-end celebrations, athletic officials and game uniforms are included.
- c) **LEARNING RESOURCES FEE** includes the costs for textbook replacement and other resource materials used for teaching, as well as class retreats, trips, activities and ALSO.
- d) **CAPITAL REPLACEMENT FEE** is added to a long-term capital fund used for major repairs to existing facilities.
- e) **RESIDENCE FEE** includes the costs associated with living in the residence, meals, staff wages and salaries.
- f) ***SHUTTLE SERVICE FEE** for students travelling in from the Warman/Osler/Hague area as Day Students, who are transported to and from home each school day by an RJC staff member and vehicle. Half of the fees are due September 1st and half are due February 1st.
- g) **ACCIDENT INSURANCE FEE** includes the cost of 24-hour, 365-day student accident insurance.
- h) **RJC CLOTHING FEE** includes the cost of three items of dress code clothing.
- i) **DAMAGE DEPOSIT** will be used to cover cost of texts not returned or any damage caused to the dorm or school. \$25 of this deposit from each resident student will go to the dorm funds for dorm activities. Any amount not used will be refunded at the end of the school year.
- j) **GRADUATION FEE** includes banquet costs for two adults and the graduating student. It also includes transportation and fireside costs.
- k) There are some **ADDITIONAL COSTS** not covered by the above fees. These include private voice & instrument instruction costs, ski trips, local and club sports' fees, football practice jerseys, sports' teams shorts and more extensive tours.

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Revised Dec 2015



Rosthern Junior College

STUDENT REFERENCE FORM

Name of Student _____ Applying for Grade _____

Name of Referee _____

Phone # _____ Fax # _____

Email _____

How long have you known the applicant? _____

In what capacity?

___ Church setting

___ Friend

___ School-related setting

Please ✓ the characteristic in each category that best describes the student in question. If another characteristic in the category also applies but to a lesser degree, please circle it.

Applicant's Learning Ability:

- ___ cannot report
- ___ learns with difficulty
- ___ learns with reasonable assistance
- ___ learns easily

Applicant's Dependability:

- ___ cannot report
- ___ undependable
- ___ usually fulfills obligations
- ___ dependable

Religious Life:

- ___ cannot report
- ___ not interested
- ___ does not participate in church activities
- ___ participates in church community
- ___ takes faith seriously

Emotional Outlook:

- ___ cannot report
- ___ frustrated emotionally
- ___ somewhat moody
- ___ normally well-balanced
- ___ stable under pressure

Consideration for Others:

- ___ cannot report
- ___ selfish
- ___ concerned only for immediate friends
- ___ empathetic & considerate of others

Applicant's Effort & Initiative:

- ___ cannot report
- ___ unmotivated
- ___ does enough just to pass
- ___ fairly good worker
- ___ takes initiative & has high personal standards

Co-operation:

- ___ cannot report
- ___ has difficulty working with others
- ___ can work with others
- ___ works easily

Leadership Ability:

- ___ cannot report
- ___ follower
- ___ occasionally leads when in familiar setting
- ___ not afraid to voice opinions, etc.
- ___ leader

Personal Traits:

- ___ cannot report
- ___ mistic attitude
- ___ optimistic character
- ___ shy
- ___ socially at ease

COMMENT ON THE FOLLOWING:

Applicant's relationship to parents, family, church, friends:

The applicant's strengths?

The applicant's weaknesses?

The benefit the applicant could gain by attending a church school?

The contribution the applicant could make to the school?

Any concerns about the student that you might have?

Signature of Referee

Date

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Rosthern Junior College

MEDICAL HISTORY FORM 2016-2017

PLEASE FILL OUT AS ACCURATELY AS POSSIBLE. THIS INFORMATION IS VITALLY IMPORTANT!

Student Name: _____ **Applying for Grade:** _____

Canadian/Provincial Health Card Number: _____

Date of Birth (day/month/year): _____

Custodial Parents' Name: _____

Custodial Parents' Address: _____

Custodial Parents' Phone Number(s):

Home _____ **Work** _____ **Cell** _____

Emergency Contact Name: (if different from above) _____

Emergency Contact Phone Number(s):

Home _____ **Work** _____ **Cell** _____

Family Physician: _____

Physician Phone Number: _____

Immunization:

It is important that all students be up to date with their immunizations before arriving at RJC. Please ensure that your student has had all their immunizations completed. **All out-of-province students must provide a copy of their immunization records.**

The following needs to be completed by the student's parent or guardian.

- Present state of physical and mental health: ___ Excellent ___ Good ___ Fair ___ Poor
- List past and/or current illness/conditions (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Eczema | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Depression |
| <input type="checkbox"/> FASD | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Bipolar |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Back Pain (Chronic) | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Asperger |
| <input type="checkbox"/> IBS/Crones/Colitis | <input type="checkbox"/> Migraines | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Self-harm/thoughts of Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Addictions (Alcohol/Drugs) |
| <input type="checkbox"/> Other _____ | | |

Please describe if condition is past or present and the degree of condition below: _____

3. Please list any dietary concerns (food allergies, etc.): _____

4. Previous surgery: _____

5. Previous injuries (sprains, strains, fractures, torn muscles, ligament injuries, etc.): _____

Has your injury resulted in a lasting disability? _____

6. Present medications (over the counter and prescription) _____

7. Is he/she responsible to take his/her own medication? _____

8. If the need arises, do you give RJC staff members permission to dispense Ibuprofene, Acetaminophen (no A.S.A.), antacids or decongestants to your child? Students would be required to sign for any of the above medications that they received. Yes _____ No _____

9. Has he/she ever been diagnosed with a learning disability?
(attention deficit disorder, other) Yes _____ No _____

If yes, please give details and indicate what medication is being used.

I am satisfied that my son/daughter, _____ is in good health and has my permission to take part in:
_____ all sport activities (including Phys. Ed. and outdoor education activities)
_____ only the following sport activities

Remarks _____

Declaration:

With regard to this application, I/We certify all particulars are true and complete in all aspects and no information has been withheld. I/We understand falsifying documents, information or failure to disclose pertinent information during this process may result in immediate withdrawal of our child from RJC. RJC reserves the right to cancel any admission ruling on medical or other grounds at the College's discretion.

I also agree to have my son/daughter examined by a physician if the school deems it necessary and am aware that the accompanying staff member may need to sign for my son/daughters examination and treatment if I am not able to attend.

Signature of Parent/Guardian

Date

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RELEASE OF CUMULATIVE FOLDER & SPECIAL EDUCATION FILE

Student's Name: _____

Address: _____

Birthdate: _____

Please circle either (a) or (b) and complete.

- a) **For students under 18 years of age:** I, parent/guardian, authorize the release of information contained in the cumulative record of the above named student, including any Special Education file and a transcript of marks, from the following school to Rosthern Junior College:

School: _____

Address: _____

- b) **For students 18 years of age or older:** I hereby authorize the release of information contained in the cumulative record of the above named student, including any Special Education file and a transcript of marks, from the following school to Rosthern Junior College:

School: _____

Address: _____

Name of Parent/Guardian: _____ (Please print)

Signature of Parent/Guardian: _____

Date: _____



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PRIVACY INFORMATION CONSENT FORM

Protecting your privacy and personal information has always been an integral part of the policies and procedures of Rosthern Junior College. As of January 1, 2004 Federal legislation governs the collection, use and distribution of personal information.

In this regard we are asking for your consent to use the personal information, with respect to you and your family members, that you have provided in your application form for the following purposes only:

- to inform you about student programs, activities and events
- to inform you about fundraising events and opportunities, as well as volunteer opportunities, for the benefit of the school
- to be published in a directory and distributed to current students and staff of the school to encourage students and families to connect outside of school
- to contact you regarding collection of fees or pledges
- to meet legal and regulatory requirements

In addition, photographs of your children are taken by staff or volunteers while they are engaged in school activities for the purposes of publication in the yearbook, staff and student picture directory, school catalogue, school newsletters, website and other school promotions.

Students are also expected to respect the privacy of others and may not post recordings, images or videos of individuals or school events on social media without permission.

Please sign the consent form below and return it to the RJC office. If you have any questions please do not hesitate to contact the school.

I hereby consent to the collection, use and disclosure of personal information for purposes stated above, while a student and beyond (Alumni).

STUDENT NAME: _____

Signature of Parent/Guardian: _____

Date: _____

NOTE: If you wish to limit or withdraw consent, please inform the office at the school.

SASKATCHEWAN HIGH SCHOOLS ATHLETIC ASSOCIATION

SHSAA STUDENT TRANSFER FORM

Before completing this form, please review SHSAA Bylaw referred to as “Eligibility to Represent School Teams” located in the SHSAA Handbook page 28 (available on SHSAA website at www.shsaa.ca). Forms only need to be completed for those students who do not meet the criteria outlined in 1 a) and/or b); or 2 a) and/or b).

Student Name: _____

Date of Birth (D/M/Y): ____ / ____ / ____ Grade: _____

Year of Entry into Grade 10: _____

If not September, please note month here: _____

School Attended in Grade 10 _____

Transferring from: _____ school to: _____ school

Date of acceptance into new school (D/M/Y): ____ / ____ / ____

Declaration from parent and student: In signing below, I acknowledge that:

1. The student named above is **INELIGIBLE** to represent the new school in any SHSAA sanctioned activity should the above student be currently in his/her Grade 10-12 year. This form is to be completed if the student is entering his/her Grade 9 or Grade 10 year of SHSAA eligibility under SHSAA Bylaw Eligibility to Represent School Teams 3) a-d.
2. The primary reason for this transfer is for an educational purpose. The transfer is not being made primarily for an athletic purpose so that the student can participate in athletics.
3. The student named above is not allowed to participate in SHSAA governed activities at a second school in the same sport during the same season, except in the event that the SHSAA determines that there has been a bona fide change in residence of the parent(s) or legal guardian(s) of the student, or a change of legal guardianship of the student contemporaneously with the change in residence of the student (subject to limitations noted in SHSAA Transfer Policy).

Parent (Legal Guardian) signature: _____

Student signature: _____

Parent/Guardian name (please print): _____

Date (D/M/Y): ____ / ____ / ____

Declaration from the Principal and Athletic Director: *We, the undersigned school principal and athletic director, confirm that the student identified above has transferred schools as noted. We accept the declaration from the parent and the student as valid. We understand that this student is **INELIGIBLE** for school sport in any SHSAA sanctioned contest. We understand that the SCHOOL may elect to appeal this decision on behalf of the student's parent/legal guardian to the SHSAA Executive Council. The parent/legal guardian is to complete the 'Appeal Forms' (available on line), submit this to the school and then the school will submit to the SHSAA Office. This appeal must be received into the SHSAA office by:*

- *Second Wednesday of September, 2012*
- *Final Wednesday of November, 2012*
- *Second Wednesday in January, 2013*
- *Second Wednesday in April, 2013*
- *First Wednesday in May, 2013*

RECEIVING SCHOOL: _____

Principal's signature: _____

Date: ____/____/____

Athletic Director's signature: _____

Date: ____/____/____

FAX TO:

SHSAA Office – Fax (306) 721-2659

MAIL TO:

SHSAA Office
#1 – 575 Park Street
REGINA SK
S4N 5B2

This is the Sept. '12 Form: Please crosscheck with the Transfer form located on the SHSAA website for updates. In the event of discrepancies, the form on the SHSAA website supersedes this form.



SHSAA TRANSFER POLICY INFORMATION



1. My son/daughter _____ will be changing schools and wishes to transfer his/her high school athletic eligibility from his/her current school _____ to _____.

2. _____ is currently in Grade _____.

3. _____ has participated in the following activities/sports at his/her former school:

a) _____ in Grade _____

b) _____ in Grade _____,

c) _____ in Grade _____.

4. This transfer is:

___ as a result of a complete family move (original family dwelling has been sold)

___ directed by a government agency

___ other (to be investigated by the SHSAA office). Please complete parts 5 & 6.

5. Reasons contributing to the reason for this transfer:

a) _____

b) _____

c) _____

6. Provide any documents that may support the transfer (i.e letters from clergy; child support personnel at original school; etc.).

7. Parent/Guardian contact information:

Name:	Name:
Phone:	Phone:

I understand that eligibility must be re-established at the new school. The policy states that should a student transfer schools without an accompanying family move, the student is ineligible for school sport in any activity that the student has participated the previous year and only for one year. This document will serve the basis of the inquiry conducted by the SHSAA office.

Parent/Guardian Signature: _____ Date: _____



Rosthern Junior College

STUDENT FINANCIAL ASSISTANCE 2016-2017

INFORMATION AND APPLICATION

This package contains:

- Current Guidelines & Expectations
- Application Form

To request financial assistance, remove the application form from this package and submit it along with a copy of the latest Income Tax T4 Summary Page of the supporting parent(s). *Allocations for financial assistance are made June 15 and August 15. The deadline for financial assistance requests for returning students is May 15, 2016 and for new students August 1, 2015.* For further information or to submit the completed application package, contact:

Principal
Rosthern Junior College
Box 5020, 410 – 6th Avenue
Rosthern, SK S0K 3R0

Phone: 306 232-4222
Fax: 306 232-5250
Email: office@rjc.sk.ca

Commitment to Christian Education

We are aware of the financial commitment that accompanies your decision to enroll your child in our school for Christian education offered in the Anabaptist/Mennonite tradition. For over a century now, parents have endorsed the educational opportunities provided by RJC and the school community fostered here. For the most part, parents look back on the cost as a significant and worthwhile investment in the life of their child. They have realized that the entire family, as well as the child, has benefited from the relationship with RJC. Churches throughout Canada and beyond have certainly noticed the added contributions that many of the graduates of our church schools have made to the faith community.

RJC POLICIES AND PROCEDURES

Policy Title: Student Financial Assistance Policy

Policy Statement:

In recognition of the benefactors who contribute funds for student financial assistance, the board of Rosthern Junior College commits itself to responsible stewardship of these donated resources. The objective is to ensure that financial assistance is distributed fairly, in a manner that makes the school's program accessible to those who would not otherwise be able to attend because of financial hardship, and to bring stability to the enrollment levels in as far as financial assistance is able to do this.

Procedures:

1. All transactions will be carried out and documented according to generally accepted business and accounting procedures and the regulations of Canada Customs and Revenue Agency.
2. Procedures, guidelines and regulations for the payment and collection of tuition fees will apply to all students including financial assistance recipients.
3. Application forms and supplemental information are to be provided to parents/guardians who have expressed a need and an interest. It is to be indicated to parents/guardians that the Student Financial Assistance Committee makes final decisions regarding the allocation of financial assistance. Information provided by parents/guardians is to be kept in confidence by the committee and delegated staff.
4. Decisions regarding student financial assistance will be made by RJC administration with oversight by a member of the RJC Board of Directors. Bursary decisions will be made in June and August.

5. Decisions of the SFA Committee will be made based on the information provided by the applicant's family through the provision of the most **current tax returns**, and from interviews with the family by the staff.
6. In the interest of fairness to those paying full tuition, a student receiving financial assistance may participate in an RJC Service Tour at a cost to the student not exceeding \$1,000.
7. The families of students receiving financial assistance are encouraged to reimburse the bursary fund following the completion of their child's education to make attendance at RJC possible for others.
8. Only in exceptional cases shall the amount of financial assistance **exceed the amount** of the tuition.
9. Primary criteria for the disbursement of financial assistance funds shall include:
 - **demonstrated financial need**
 - **suitability of the applicant to the RJC program**
 - need to **stabilize enrolment** and **protect the integrity of programs**.
10. One half of the total financial assistance **awarded** will be applied to the student's account **at the successful completion of a semester**. To have successfully completed a semester means:
 - a) The student has maintained **acceptable academic work**. The teachers and deans have noted that the student takes his/her academic work seriously and shows effort and diligence.
 - b) The student has **exhibited acceptable behavior**. The teachers and deans have observed that the student and parents are willing to work with teachers and deans to meet academic and school community goals.
 - c) The **student remains until the end of the semester**. Any early withdrawal will forfeit the financial assistance for that semester and will mean the liability for the total account will be the responsibility of the student/parent.

If these conditions are met the financial assistance will be awarded as indicated. Should the conditions not be met, financial assistance will be revoked and other applicants considered.
11. The total monetary amount of financial assistance shall not exceed the budget figure for the item "Bursaries Paid Out" in any given year. Unless otherwise determined, this budget figure shall reflect the interest earnings from bursary endowment funds and current donations designated for bursaries. The principal amounts of the bursary endowment funds are not available for student bursaries.

Concluding Comments:

"Gifts are the tangible evidence of a donor's belief in the values, goals, purposes and importance of the ministry."
(Growing Giving Hearts by Thomas H. Jeavons and Rebekah Burch Basinger)

It is in this spirit that we offer this opportunity to you. On behalf of those who contribute to the Student Financial Assistance Fund, we express their values and commitment to the educational ministry of youth at RJC. We pray that this gift will be remembered, and that in turn you too, as recipient of the goodwill of school supporters, may in the future find it possible and desirable to return this gift so that others may experience and enjoy that which these funds will allow you and your family to experience this year. (See #7 above). May God bless this ministry, the contributors to this fund, and those who receive these gifts.

"And God is able to provide you with every blessing in abundance, so that by always having enough of everything, you may share abundantly in every good work."
 - 2 Corinthians 9:8

"I want to say thank you to people who graciously gave their money so that I could attend and experience RJC."
 - Grade 11 student

"We sincerely hope to be able to return the favour for a future student by donating to a bursary."
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 - Parent of a Grade 12 student



Rosthern Junior College

Vehicle Registration

STUDENT NAME: _____

Vehicle Policy:

- 1) Students may bring vehicles to campus. Their use is determined by the agreement of this policy as signed by the student and parent/guardian. Vehicle use at Rosthern Junior College is a privilege and not a right; therefore the abuse of this privilege may result in it being revoked.
- 2) In granting permission for vehicle use, Rosthern Junior College assumes no responsibility for liability in case of accident. It is understood that the parent/guardian signing the Vehicle Registration form assume responsibility for the student driving the vehicle and absolve the school of any liability regarding its use.
- 3) A resident student may bring a vehicle on campus only for the specified purposes indicated below, keeping in mind the legal conditions of the Graduated Driver's Licensing Program restrictions as outlined by SGI (Please see reverse). Please check below as desired.
 - _____ work
 - _____ lessons and/or off campus sports
 - _____ social reasons on weekends -- how many passengers ? _____
 - _____ transportation home on weekends -- how many passengers? _____
 - _____ other: (please be specific) _____
- 4) For resident students it is the responsibility of the student to park the vehicle in the student parking lot immediately upon arrival in Rosthern and give the keys to a dean, as soon as the vehicle is parked.
- 5) We, the undersigned, acknowledge that we have read and understand the above policy and the terms of the owner's vehicle insurance policy. Further, we, the undersigned, hereby indemnify Rosthern Junior College from any and all liability resulting from student vehicle accidents. We, hereby request permission for a student vehicle on campus.

COLOUR AND MAKE OF VEHICLE _____

REGISTRATION NUMBER _____

NAME UNDER WHICH VEHICLE IS REGISTERED _____

LICENSE PLATE NUMBER _____

[SEE OVER]

*Note: Student keys will not be released in the following situations unless parental permission has been granted in conversation with the deans:

- a) When the temperature is below -30° Celsius or when temperature is predicted to be at or below -30° Celsius.
- b) When the wind-chill factor exceeds -40° Celsius or when the wind-chill is predicted to exceed -40° Celsius.
- c) When current road conditions are not favorable or when they are predicted to become unfavorable.
- d) Parents shall be encouraged to notify the school if conditions (fog, ice, snow) at the departing student's home destination are unfavorable.
- e) Vehicle use by students while at school is at the discretion of the deans and vehicles cannot be used to taxi other students to and from downtown or for other local driving.
- f) Vehicle keys will not be available to students during the week.

Graduated Driver's Licensing Program	
Class 5 – Novice 1 6 months	Class 5 – Novice 2 12 months
Restrictions	
<p>Only one passenger who is not an immediate family member and other passengers must be immediate family members*.</p> <p>Number of passengers limited to the number of seat belts</p> <p>Cannot consume any amount of alcohol and drive (zero BAC).</p> <p>Cannot be a supervising driver.</p> <p>Cannot obtain a commercial driver's license or school bus endorsement.</p>	<p>Number of passengers limited to the number of seat belts</p> <p>Cannot consume any amount of alcohol and drive (zero BAC).</p> <p>Cannot be a supervising driver.</p> <p>Cannot obtain a commercial driver's license or school bus endorsement.</p>

*Immediate family members are defined as spouse, child, parent, step-parent, sibling or grandparent.

SIGNATURE _____ DATE _____
(Student)

SIGNATURE _____ DATE _____
(Parent/Guardian)



Rosthern Junior College

STUDENT FINANCIAL ASSISTANCE 2016-2017

STUDENT FINANCIAL ASSISTANCE APPLICATION

Section 1: Student Information

A. Personal Data:

Student's Last Name: _____

Student's First Name: _____

Social Insurance Number: _____

Birth date: _____

Street/Box/Apt. Number: _____

City/Town: _____

Province: _____ Postal Code: _____

Country (if not Canada): _____

Telephone Number: _____

Section 2: Parent (or Guardian) Information

B. Parental Information:

Parent/Guardian 1 Custodial / Non Custodial *(circle one)*

Last Name: _____

First Name: _____

Social Insurance Number: _____

Address: Same as student, or _____

Telephone Number: _____

Relationship to Student: _____

Parent/Guardian 2 *(if applicable)* Custodial / Non Custodial *(circle one)*

Last Name: _____

First Name: _____

Social Insurance Number: _____

Address: Same as student, or _____

Telephone Number: _____

Relationship to Student: _____

Please attach a copy of last year's income tax return (all pages) or Notice of Assessment. If you did not file an income tax return last year, complete the following question.

Parent/Guardian 1:

If you did not file an income tax return, enter your total income from all sources for last year.

\$ _____ Current marital status: _____

Parent/Guardian 2:

If you did not file an income tax return, enter your total income from all sources for last year.

\$ _____ Current marital status: _____

Please state any special circumstances that relate to this application: *(Please use additional paper if necessary.)*

C. Dependent Children Data

Complete one line for each dependent child (a child who is 18 years or younger and is wholly dependent on you or your spouse for support). Do not include the applicant. If more space is required, attach a separate sheet.

1 st Dependent's Given Name:	_____	Birth date:	_____
2 nd Dependent's Given Name:	_____	Birth date:	_____
3 rd Dependent's Given Name:	_____	Birth date:	_____
4 th Dependent's Given Name:	_____	Birth date:	_____

A note on privacy protection: RJC commits itself to the upholding of financial assistance applicants' right to privacy, and will ensure that information gathered for this application will normally be used only for the purpose of determining eligibility. Information received from applicants will remain confidential to the Student Financial Assistance (SFA) Committee unless its use in any other way would benefit the applicant(s). In no case will the information be shared with anyone outside of the SFA Committee without the consent of the applicant(s).

Declaration and Authorization of Parent, Guardian, or Sponsor

I declare that all information or documentation that I have provided in or relating to this application is complete and correct in all respects, and that any information or documentation that I subsequently provide will also be complete and correct in all respects.

Parent/Guardian

Parent/Guardian 2 *(where applicable)*

Signature *(Please sign in ink)*

Signature *(Please sign in ink)*

Date: _____

Date: _____

Remember to attach a photocopy of last year's Income Tax Return or Notice of Assessment.

Rosthern Junior College

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email: office@rjc.sk.ca admissions@rjc.sk.ca www.rjc.sk.ca