



Our Lady of Victory School

249 Arnold Avenue
Winnipeg, Manitoba R3L 0W4
Phone 204-452-7632 or Fax 204-453-3081
E-Mail: olv@victoryedu.com Web page: www.victoryedu.com

Registration Fee
\$75.00 single student
\$150.00 family

2026-2027 New Student Application Form

Student Information

Date: _____ Applying for Grade _____

Student's LEGAL NAME (as it appears on the student's birth certificate and/or passport):

_____ Legal Last Name _____ Legal First Name _____ Legal Middle Name _____
Gender: Male Female Date of Birth: _____ month/day/year
Home Address _____ Street Address _____ City/Town _____ Postal Code _____

Religion: _____ Parish/Place of Worship: _____

Year of: Baptism _____ First Communion _____ Confirmation _____

Student's First Language: English French Other: (please specify) _____

Birth Country: Canada Other: (please specify) _____ Date child arrived in Canada _____ month/day/year

Country of Citizenship: Canada Other: (please specify): _____

If another citizenship, please indicate status in Canada:

Permanent Resident Refugee Claimant Work Permit Study Permit Other (please specify) _____

*****Copies of Status in Canada documents MUST BE PROVIDED at time of registration*****

Custody Information

Are there any custody orders in place for this child? No Yes (if yes please provide school with legal documents)

Child lives with: Both parents Joint Mother Father Legal Guardian Foster Parents CFS

Other (please specify) _____

FOR OFFICE USE ONLY:

Date Received: _____ Interview Date : _____

Documents Received:

- Registration Fee Received (non-refundable)
- Progress Report/Report Card
- Birth Certificate or Citizenship documents/Landed Immigrant documents/Confirmation of Permanent Residence
- Manitoba Medical Card
- Baptismal Certificate (if applicable in step 2)
- Void cheque or banking information (if applicable in step 2)

_____ Acceptance _____ Denial _____ Waitlist

Family Information

Last Name: _____ First Name: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian	Last Name: _____ First Name: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian
Mailing Address (if different from child's)	Mailing Address (if different from child's)
Cell Phone: _____ Work Phone: _____	Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation: _____	Employer: _____ Occupation: _____
Email Address:	Email Address:
Parent's Religion: _____ Parish: _____	Parent's Religion: _____ Parish: _____

Siblings (please use another sheet if more space is needed)

Full Name	Age	Current School

Emergency Contact Information (Not parents)

If the listed parent(s)/guardian(s) are unavailable, the following are authorized to care for the child in case of an emergency.

Emergency Contact #1 REQUIRED

Last Name: _____ First Name: _____ Relationship to Child: _____
 Cell Number: _____ Work Number: _____ Home Number: _____

Emergency Contact #2 REQUIRED

Last Name: _____ First Name: _____ Relationship to Child: _____
 Cell Number: _____ Work Number: _____ Home Number: _____

Medical Information

Manitoba Medical Numbers: _____
Student Personal Health Number (9-digits) Family Health Number (6-digits)

Name of Family Doctor: _____ Phone Number: _____

The school must be aware of any health condition and ongoing prescribed medications.

Does your child have a diagnosed medical condition? No Yes (If, yes please complete attached URIS Form)

If yes, please describe: _____

Is your child on any ongoing prescribed medication? No Yes

If yes, name of medication(s): _____

Who administers the medication during school hours? Home School

Other relevant healthcare/medical information: _____

Emergency Procedures:

If your child should become ill or injured during the school day, the school will notify the parents. If we are unable to reach the parents, we will call your emergency contact(s). In the event that we are unable to reach neither the parents nor emergency contact(s), it is the school's policy that a staff member takes the child to the Children's Hospital or the nearest hospital. While we hope that we never have to use your authorization to do so, we would appreciate it if you would grant us this authority by completing the following. In the event that an ambulance is deemed necessary, the parent/guardian shall be **billed for this service**.

Please check one:

I agree with the above procedure. I do not agree with the above procedure and request that the school.

Optional Services

School Bus Transportation

Before and After School Program

Student Support Services

Please indicate any school supports your child used in their previous school:

Individual Education Plan (IEP) Behaviour Plan (BIP) Speech/Language

My child has Special Needs yes * Please request the "Students with Learning Exceptionalities" form

Referral

Our Lady of Victory was referred by: _____ (Student's name)

Agreements

With this application I / we accept the following:

1. The Policies, Rules and Regulations as stipulated in the Our Lady of Victory in our School Handbook. (located on our website)
2. The right of School to instruct Catholic Faith and Sacraments.
3. The right of Administration to discipline or dismiss a student whose conduct warrants such action.
4. Tuition rates as determined by the Board of Directors of Our Lady of Victory and prompt payment thereof.
5. Student photos or videos to be used for advertising, Our Lady of Victory School website, newsletters, etc.

Signatures

The following signatures verify the above information is true and accurate. I will provide the school with updated information as circumstances change.

Date: _____ Parent/Guardian Signature _____



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TUITION & FEE INFORMATION 2026-2027

The following list provides the tuition information for Our Lady of Victory School for the 2026-2027 school year.

REGISTRATION FEE due at time of registration	\$75.00 per Student or \$150.00 per family		
		Yearly Fee (Sept – June)	Monthly Fee (1st business day of each month)
TUITION FEES	Kindergarten	\$1,400.00	\$140.00
	1 Students (Grade 1-8)	\$1,400.00	\$140.00
	2 Students (Grade 1-8)	\$2,800.00	\$280.00
	3 and More Students (Gr. 1-8)	\$3,800.00	\$380.00
SCHOOL BUS	Per Student	\$1,600.00	\$160.00
CLASSROOM FEES (including field trips)			
Kindergarten to Grade 4	Per Student	\$160.00	\$16.00
Grade 5 to 8		\$180.00	\$18.00
CAPITAL FEE	<i>Per Family</i>	\$150.00	\$15.00
BEFORE AND AFTER SCHOOL PROGRAM (7:30-8:15 & 3:30-5:00)	Per Student: \$7.00/hour (<i>based on 15 minute slots</i>) <i>Late fees (after 5:00pm): \$1/minute</i> <i>Late fees (early dismiss days): \$1/minute</i>		
UNIFORMS	Tops (shirts and sweaters) must be purchased through Top Marks. Bottoms (pants and shorts) may be purchased through Top Marks but do not have to be. Gym uniform is required for grades 5-8. Uniform (t-shirts and shorts) must be ordered from Top Marks.		

Limited Financial Assistance is available.
Financial Applications (including all documentation) are due by April 13, 2026.
No late submissions will be accepted.
Application available on the OLV website or paper forms upon request at the office.