



**WINNIPEG SCHOOL DIVISION  
2015 – 2016**

Entry Date: \_\_\_\_\_  
Day/Month/Year

**TEC VOC – POST-HIGH**

|        |      |              |            |           |          |             |               |  |
|--------|------|--------------|------------|-----------|----------|-------------|---------------|--|
| SCHOOL |      |              | MET. NO.   |           |          | STUDENT NO. |               |  |
| Grade  | Room | Program Code | Integrated | Voc. Code | Resident | EAL         | EAL Effective |  |

Information to be entered by Student's Parents/Guardians - PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES.

**STUDENT INFORMATION (Please Print)**

Legal Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Verified

First Name \_\_\_\_\_ Day Month Year

Second Name \_\_\_\_\_ Country of Birth Canada

Name Known by \_\_\_\_\_ or \_\_\_\_\_

Gender Female  Male  If not a Canadian citizen, please indicate below

Landed immigrant  Refugee  Visa student

Languages Spoken at home English Yes  No  Date Entered Canada \_\_\_\_\_

Other Languages - See Ancestral/Cultural Identities and Languages Declaration form (Voluntary) Day Month Year

**Current or Last school attended** \_\_\_\_\_

**If your current school is NOT in the Division, have you ever attended a school in the Division before** Yes  No

**If Yes, what was the name of the Division school and year attended?** \_\_\_\_\_ Year \_\_\_\_\_

**STUDENT ADDRESS**

Apt. No./Street No./Street \_\_\_\_\_ City Winnipeg  or \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Unlisted  Student Lives on Own  or \_\_\_\_\_

**PARENT/ LEGAL GUARDIAN AND CONTACT INFORMATION**

|   |  |
|---|--|
| <p><b>LEGAL CUSTODY</b> (only if applicable)</p> <p>Joint <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Father <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/></p>  | <p><b>PARENT OR LEGAL GUARDIAN</b> <i>Student Lives With</i> <input type="checkbox"/></p> <p>Relationship to student _____</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Address if different from student _____</p> <p>City/Prov _____ Postal Code _____</p> <p>Home Phone _____ <input type="checkbox"/> Unlisted</p> <p>Work Phone _____ ext. _____ Cell/Other _____</p> <p>Email _____</p> <p>Employer _____</p> |
| <p><b>PARENT OR LEGAL GUARDIAN</b> <i>Student Also Lives With</i> <input type="checkbox"/></p> <p>Relationship to student _____</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Address if different from student _____</p> <p>City/Prov _____ Postal Code _____</p> <p>Home Phone _____ <input type="checkbox"/> Unlisted</p> <p>Work Phone _____ ext. _____ Cell/Other _____</p> <p>Email _____</p> <p>Employer _____</p> | <p><b>EMERGENCY CONTACT</b> (if parent/guardian cannot be reached)</p> <p>Relationship to student _____</p> <p>Last Name _____ First Name _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Cell/Other _____</p> <p><b>DAYCARE</b> Name _____</p> <p>Phone _____</p>   |
| <p><b>MEDICAL INFORMATION</b></p> <p>Manitoba Health Registration No _____ Personal Health ID No. _____</p> <p>Health Concerns / Allergies _____</p>  |  |

| Pre-School/<br>School Age<br>Siblings | Name  | Birthdate | Gender | School |
|---------------------------------------|-------|-----------|--------|--------|
| _____                                 | _____ | _____     | _____  | _____  |
| _____                                 | _____ | _____     | _____  | _____  |
| _____                                 | _____ | _____     | _____  | _____  |

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have questions about the collection, please contact your school principal.



# TEC-VOC POST-HIGH VOCATIONAL APPLICATION FORM 2015-2016

NAME: \_\_\_\_\_

Current or last school attended: \_\_\_\_\_

Winnipeg School Division Student Number: \_\_\_\_\_ MET Number: \_\_\_\_\_

Graduation year: \_\_\_\_\_

TECHNICAL/VOCATIONAL PROGRAMS: PLEASE SEE STUDENT HANDBOOK FOR COURSE DESCRIPTIONS. Place a check mark (✓) in the space following the program you are applying for.

|   |           |       |
|---|-----------|-------|
| ADMINISTRATIVE ASSISTANT  | ADAR4S    | _____ |
| ADVERTISING   | ADAV30/40 | _____ |
| A.M.M.O.P.<br>(Aerospace Manufacturing & Maintenance Orientation Program) | AMOV40    | _____ |
| AUTOMOTIVE TECHNOLOGY   | POMV30/40 | _____ |
| BAKING AND PASTRY ARTS  | COBV30/40 | _____ |
| BROADCASTING/MEDIA ARTS   | RTBV30/40 | _____ |
| CARPENTRY   | BUCV30/40 | _____ |
| CHILD CARE  | CHCV30/40 | _____ |
| CULINARY ARTS   | COCV30/40 | _____ |
| DENTAL ASSISTING  | DEAV30/40 | _____ |
| DENTAL TECHNOLOGY   | DETV30/40 | _____ |
| DESIGN DRAFTING   | TEDV30/40 | _____ |
| ELECTRICAL  | ELEV30/40 | _____ |
| ELECTRONICS   | ELRV30/40 | _____ |
| GRAPHIC COMMUNICATIONS  | GRAV30/40 | _____ |
| MACHINING TECHNOLOGY  | MATV30/40 | _____ |
| NETWORK SUPPORT TECHNICIAN  | ISTV44    | _____ |
| PROFESSIONAL PHOTOGRAPHY  | PHOV30/40 | _____ |
| WELDING TECHNOLOGY  | WELV30/40 | _____ |

Completing this application does not guarantee acceptance into the program.

If you live outside of the Winnipeg School Division, these post high programs will incur fees.

A transcript and record of attendance must accompany this application if you are not a graduate of a Winnipeg School Division High School.

Signature: \_\_\_\_\_  
(A parent/guardian signature required, if under 18 years of age.)

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