



Entry Date: _____
Day / Month / Year

STUDENT APPLICATION FOR REGISTRATION & CONSENTS

SCHOOL: TEC-VOC HIGH SCHOOL -- 2022-2023 STUDENT #: _____
PROGRAM: AMMOP ROOM: 104A MET #: _____

STUDENT INFORMATION

Legal Names: Last Name _____
First Name _____ Middle Name _____ Name Known by _____
Birthdate: _____ Gender: Female Male
Preferred gender (choose one if applicable): Trans Person Two-Spirit Gender non-conforming
Country of Birth: Canada or _____ Canadian Citizen? Yes No
If **NOT** a Canadian Citizen, please indicate: Date Entered Canada ____/____/____ UCI Number _____
Day / Month / Year
Status: Permanent Resident Government Assisted Refugee Private Sponsor Refugee
Refugee Claimant Visa Student
Languages spoken at home: English: Yes No Other Languages: _____

STUDENT ACADEMIC HISTORY

Last School Attended: _____ City/Town/Prov: _____
Do you hold a High School Diploma? _____ Year of Graduation: _____ City/Town/Prov: _____
High School Transcript attached? Yes No Other Academic Documentation _____

STUDENT CONTACT

Apt.No./Street No./Street _____ City Winnipeg or _____
Postal Code _____ Home Phone _____ Cell Phone _____
Resident: Yes No → If **Not** a WSD Resident complete School-of-Choice/Non-Resident Forms
Email _____

Emergency Contact(s)

Last Name _____ First Name _____
Relationship to Student _____ Student Lives with Yes No
Home Phone _____ Work Phone _____ ext. _____ Cell _____

Emergency Contact(s)

Last Name _____ First Name _____
Relationship to Student _____ Student Lives with Yes No
Home Phone _____ Work Phone _____ ext. _____ Cell _____

MEDICAL INFORMATION

MB (9 digits) Personal Health ID No: _____ (Please provide a copy of Medical card)

Health Concerns/Allergies: _____

Additional Health Concerns Please indicate (√) all health care needs that apply to you:

- Anaphylaxis: Life-threatening allergy (student has been prescribed an EpiPen). A letter and additional form will be provided.
- Asthma: (administration of medication by inhalation). A letter and additional form will be provided.
- Bleeding Disorder
- Cardiac Condition
- Clean Intermittent Catheterization
- Diabetes: Type 1 or Type 2
- Gastrostomy Feeding Care
- Osteogenesis Imperfecta (brittle bone disease)
- Ostomy Care
- Pre-set Oxygen
- Seizure Disorder
- Steroid Dependent Condition
- Suctioning (oral and/or nasal)
- I am receiving Winnipeg School Division transportation to and from school.

I do not have any of the above-listed health care concerns.

*If you have checked any of the above health care needs, the school will provide you with a Unified Referral and Intake System (URIS) Application. The URIS application will then be submitted to the Winnipeg Regional Health Association (WRHA) URIS nurse to ensure the appropriate services will be provided and an individual health care plan put in place as needed.

✎ **STUDENT SIGNATURE:**



DATE: _____

Ancestral/Cultural Identification and Language Declaration

Providing this personal ancestral/cultural information is voluntary and optional. Proceed to IID section if Indigenous.

What is the student's ancestral or cultural identity (for example, Chinese, Swazi, Filipino, etc.): _____

What languages are spoken (student and/or home): _____

Indigenous Identity Declaration (IID)

Your declaration helps School Divisions and Manitoba Education & Training to enhance services and supports for Indigenous students. By declaring, your child (children) receives the appropriate support and programming they may need. Providing Indigenous Identity Declaration (IID) information is voluntary. Information is collected in compliance with the Freedom of Information and Protection of Privacy Act (section 36(1)(b)).

Student Name: _____

- I am submitting my Indigenous Identity Declaration for the first time.
- I am making changes to my Indigenous Identity Declaration
- I have already submitted my Indigenous Identity Declaration and have no further changes to make at this time.

1. Are you an Indigenous person, that is, First Nation, Métis, or Inuk (Inuit)?

Note: First Nations (North American Indian) include registered/status/treaty and non-status

If "Yes", mark the square(s) that best describe(s) your status:

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

2. Which best describes your Indigenous cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Dene (Sayisi)
- Oji-Cree
- Inuktitut
- Ininiw
- Dakota
- Michif
- Other – please specify: _____

STUDENT SIGNATURE:



Date _____

APPLICATION MUST BE SIGNED BELOW IN ORDER TO BE PROCESSED

Tec-Voc is a vocational high school with state of the art facilities and programs. Due to the nature of our Broadcasting and Photography programs all school activities and day-to-day school routines are recorded. Most of these images are displayed on TV monitors, photo galleries, short films, events, website and on social media sites for audiences outside of the school. In addition, teachers will be providing live streaming experiences both in real-time or recorded lesson, which may be posted on a learning platform for other students to view.

The Winnipeg School Division shares information by highlighting activities within the school, and acknowledges student work and success in a variety of publications and/or Division organized or sponsored events. Note: Student photographs posted on the school or WSD websites will not identify students by name. Occasionally, students may be asked to be photographed, video taped/recorded or interviewed by the division and/or the media.

By signing below you are providing consent to the following:

▫ **Division Technology use policies** – I understand and abide by the Division Policies and applicable legislation for the responsible use of technology (division/personal devices) and social media applications including use of the Winnipeg School Division networks.

▫ **School distributed emails** - I consent to receive electronic communication: newsletters, school updates, teacher emails, and announcements regarding division and school activities, including fundraising and promotions.

Email address _____

▫ **School field trips** - I consent to participate in field trips with teachers throughout the school year.

▫ **Publish and/or display student work** - As an adult student, I consent that my photographs, work samples, name, grade, and school may be displayed at Tec-Voc, in various WSD publications, websites, and at events organized or sponsored by the Division.

▫ **Photographs, recordings or interviews** - I consent to being photographed, videotaped/recorded or interviewed regarding school activities.

▫ **Live streaming lessons** – I consent to participate in live streaming activities on platforms such as Seesaw, Google Suite/Meets, and Microsoft Office 365/Teams to address curricular outcomes. In addition, I consent for my voice and image to be transmitted and viewed for the purpose of learning activities in the classroom and home environment.

As an adult student, I have read all of the above and I am providing consent.

Adult Student Signature (18 years old +)

Date

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE SCHOOL AT 204-786-1401.