



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

**STUDENT APPLICATION FOR REGISTRATION & CONSENTS**

SCHOOL: TEC-VOC HIGH SCHOOL 2022 - 2023 STUDENT #: \_\_\_\_\_  
GRADE: 10 ROOM: \_\_\_\_\_ PROGRAM CODE: \_\_\_\_\_ MET #: \_\_\_\_\_  
RESIDENT:  YES  NO CATCHMENT:  YES  NO MOVE - EFFECTIVE DATE: \_\_\_\_\_

**STUDENT INFORMATION**

Legal Names: Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Name Known by \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Country of Birth: Canada or \_\_\_\_\_  
Sex: Female  Male   
Preferred gender (choose one if applicable): Trans Person  Two-Spirit  Gender non-conforming   
Not a Canadian Citizen, please indicate: Date Entered Canada \_\_\_\_\_ UCI Number \_\_\_\_\_  
Permanent Resident  Government Assisted Refugee  Private Sponsor Refugee  Refugee Claimant  Visa Student   
Languages spoken at home: English: Yes  No  Other Languages: \_\_\_\_\_  
Current or Last School Attended: \_\_\_\_\_ City/Town/Prov: \_\_\_\_\_

**STUDENT ADDRESS**

Apt.No./Street No./Street \_\_\_\_\_ City Winnipeg or \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_  Unlisted Student Lives on Own: Yes  No

**PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION**

**Parent or Legal Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Student Lives with Yes  No  / Student Also Lives with Yes  No   
Enter address and home phone if different from student  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  Unlisted Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**Parent or Legal Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Student Lives with Yes  No  / Student Also Lives with Yes  No   
Enter address and home phone if different from student  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  Unlisted Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**Parent or Legal Guardian or Other Relationship**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Student Lives with Yes  No  / Student Also Lives with Yes  No   
Enter address and home phone if different from student  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  Unlisted Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**LEGAL CUSTODY** Please provide documentation as necessary

Joint\*  Mother  Father  Guardian  Agency  Other

\*Joint Custody is when those parents have a legal custody agreement in place for the student

**SIBLINGS** Pre-School/School Age

Name	Birthdate	Sex	School
_____	_____	Female <input type="checkbox"/> Male <input type="checkbox"/>	_____
_____	_____	Female <input type="checkbox"/> Male <input type="checkbox"/>	_____
_____	_____	Female <input type="checkbox"/> Male <input type="checkbox"/>	_____

## ADDITIONAL CONTACT INFORMATION

### Emergency Contact (if parent/guardian cannot be reached)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Student Lives with Yes  No

Home Phone \_\_\_\_\_  Unlisted Work Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell \_\_\_\_\_

### Medical Information

MB (9 digits) Personal Health ID No: \_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_

### Additional Health Concerns Please indicate (✓) all health care needs that apply to your child:

- Anaphylaxis: Life-threatening allergy (child has 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)
- My child is receiving Winnipeg School Division transportation to and from school.

My child does 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.

### Application for the Use of the Online Information Resources in the Winnipeg School Division

**To the Student:** 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. *To student 16 years and older please initial* \_\_\_\_\_

**To the Parent:** As the parent/guardian of the student, I understand that access is designed for educational purposes as set out by The Winnipeg School Division policies and applicable legislation. I hereby permit my child to have access to all technologies and Division approved social media within the Winnipeg School Division.

**I consent** to allow my child to have access to all technologies and social media

**I do not consent** to allow my child to have access to all technologies and social media

☛ SIGNATURE OF PARENT/GUARDIAN OR ADULT STUDENT:

☛ \_\_\_\_\_ 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:** \_\_\_\_\_

1. I, \_\_\_\_\_ (name of parent/guardian, please print clearly):

- Am submitting my child's Indigenous Identity Declaration for the first time.
- Am making changes to my child's Indigenous Identity Declaration
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. Is your child 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 child now:

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

3. Which best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices:

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

 Parent/Guardian 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 and communicates with parents/guardians 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:

▫ **Permission for 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 \_\_\_\_\_

▫ **Permission for school field trips - I consent** to my child (or myself as an adult student) participating in field trips with teachers throughout the school year. I will be notified of all trips involving my child, including location, method of transportation, and cost.

▫ **Permission to publish and/or display student work -** As an adult student or the parent/guardian of a student, **I consent** that my/my child's 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.

▫ **Permission to be photographed, video taped/recorded or interviewed - I consent** to my child (or myself as an adult student) being photographed, videotaped/recorded or interviewed regarding school activities.

▫ **Permission to participate in live streaming lessons – I consent** to my child 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 child's voice and image to be transmitted and viewed for the purpose of learning activities in the classroom and home environment.

As the parent/guardian of the student, I have read all of the above and I am providing consent.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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.

Student Name \_\_\_\_\_

Student # \_\_\_\_\_

## TEC-VOC GRADE 10 APPLICATION 2022 - 2023



### SENIOR HIGH PROGRAM

Students have the unique opportunity to earn both an **Academic** and a **Technical Vocational Diploma** while learning at Tec-Voc High School. We offer a variety of Academic and Technical Vocational programs that may lead to further study at University, Community College, Apprenticeship or employment.

Students must complete 30 credits in order to graduate high school. Students who register in an Academic program may choose from a full range of courses including those required for university entrance. In order to graduate with a Technical diploma, students must obtain 8 credits in a specific program.

Please read the Tec-Voc Student Handbook and talk to your guidance counsellor in order to make informed decisions about your courses.

### COMPULSORY COURSES – GRADE 10

All Grade 10 students **must** take the following **6 credits**:

<b>CAREER &amp; TECHNOLOGY STUDIES</b>	<b>1 CR</b>	<b>LWPR2S</b> ✓
<b>ENGLISH 20F</b>	<b>1 CR</b>	<b>ENGR2F</b> ✓
<b>GEOGRAPHY 20F</b>	<b>1 CR</b>	<b>GEOR2F</b> ✓
<b>SCIENCE 20F</b>	<b>1 CR</b>	<b>SCIR2F</b> ✓

In addition to the above credits, students must choose either **ONE** of the following compulsory courses in each category:

<b>PHYS. ED (Select 1)</b>		
PHYS. ED 20F	PHER2F	
FEMALE HEALTHY ACTIVE LIFESTYLES	PEFR2F	
FITNESS FOUNDATIONS	PESC2F	
BASKETBALL ACADEMY	PEAB2F	
HOCKEY SKILLS PROGRAM (Full Year) <i>Only if previously in Winnipeg Jets Hockey Academy</i>	PEAH2F	

<b>MATH (Select 1)</b>		
INTRO APPLIED & PRE-CAL 20S (Full Year)	IAPR2S	
ESSENTIAL MATH 20S	ESMR2S	

#### GRADE 9 REPEATER ACADEMIC COURSES

If you did not receive a credit in a Grade 9 Compulsory course, please select that course with a checkmark (✓).

ENGLISH 10F	ENGR1F	
MATHEMATICS 10F	MATR1F	
SCIENCE 10F	SCIR1F	
SOCIAL STUDIES 10F	SOSR1F	
PHYS. ED 10F	PHER1F	

**Instructions:**

- ✓ Select up to a **MAXIMUM OF 4** courses combined in **TECHNICAL VOCATIONAL & OPTIONAL COURSES** listed below.
- ✓ Please indicate order of preference by numbering your choices ( **1, 2, 3,.....**)
- ✓ You **MUST** select at least **2 courses** from **TECHNICAL VOCATIONAL** selection before proceeding to the **OPTIONAL** selection.
- ✓ Please note that all course selections are based upon enrolment numbers.

**TECHNICAL VOCATIONAL COURSES**

<b><i>APPLIED COMMERCE EDUCATION</i></b>		ELECTRICAL TRADES TECHNOLOGY	EL055V2S	
<b><i>PROMOTIONS</i></b>	<b><i>CRPR2S</i></b>	ELECTRONICS	ET037V1S	
<b><i>START YOUR OWN BUSINESS</i></b>	<b><i>ENR2S</i></b>	GRAPHIC DESIGN - ADVERTISING	GD135V1S	
AUTOMOTIVE TECHNOLOGY	AT695V1S	GRAPHIC COMMUNICATIONS & PRINT TECHNOLOGY	PM465V1S	
AVIATION & AEROSPACE TECHNOLOGIES	AV543V1S	<b><i>INFORMATION TECHNOLOGY</i></b>		
BAKING & PASTRY ARTS	PA231V1S	<b><i>HARDWARE &amp; SOFTWARE ESSENTIALS</i></b>	<b><i>CS103V2S</i></b>	
BROADCASTING AND MEDIA ARTS	BM114V1S	<b><i>COMPUTER SCIENCE</i></b>	<b><i>ISTV22</i></b>	
CARPENTRY	CA584V1S	INNOVATIVE MANUFACTURING TECHNOLOGY	MT841V1S	
CULINARY ARTS	CU790V1S	PROFESSIONAL PHOTOGRAPHY	PH156V1S	
DESIGN DRAFTING	DD434V1S	WELDING TECHNOLOGY	WT377V1S	

**OPTIONAL COURSES**

ARCHITECTURAL DESIGN DRAFTING	DRAR3G	GUITAR 20S	MGUR2S	
DANCE 20S	DANR2S	INTRODUCTION TO MULTIMEDIA/ANIMATION	ISTV23/ISTV24	
DRAMA 20S	DAMR2S	PIANO/KEYBOARD 20S	MPIR2S	
FAMILY STUDIES 20S	FSTR2S	ROBOTICS	ELER2G	
FILM PRODUCTION 30S	VAPR3S	SOUND ENGINEERING	SE166V2S	
FOODS & NUTRITION 20S	FNUR2S	VISUAL ARTS 20S	VIAR2S	

**OTHER COURSES – Scheduled before school, during lunch or after school**

CONCERT CHOIR 20S	MCCR2S	THEATRE TECHNOLOGY 20S	SE169V3S	
HORNET STUDIOS	MUIR2S	VOCAL JAZZ	MVJR2S	