



STUDENT APPLICATION FOR REGISTRATION & CONSENTS

SCHOOL: Adolescent Parent Centre **STUDENT #:** _____
GRADE: _____ **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: _____ Sex: Female Male Country of Birth: Canada or _____
 Preferred gender (choose one if applicable): Trans Person Two-Spirit Gender non-conforming
 Not a Canadian Citizen, please indicate:
 Date Entered Canada _____ Visa Expiry Date: _____ 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, Legal Guardian or Alternate Contact

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, Legal Guardian or Alternate Contact

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, Legal Guardian or Alternate Contact

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 _____

Day Care

Name _____ Phone _____
 Address _____ Winnipeg, MB Postal Code _____

Medical Information

MB (9 digit) 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 is 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 give permission to my child to have access to all technologies and Division approved social media within the Winnipeg School Division.

- I consent to allowing my child to have access to all technologies and social media
- I do not consent to allowing my child to have access to all technologies and social media

Ancestral / Cultural Identification and Languages Declaration (if Aboriginal continue on next page)

Providing this personal ancestral/cultural information is voluntary and optional.

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

SIGNATURE OF PARENT/GUARDIAN OR ADULT STUDENT:



DATE:

(day/month/year)

APC STUDENT INFORMATION SHEET

Student Name: _____ Age: _____

Centre(s): _____

Family

____ Pregnant Due Date _____

____ Parenting 1st Child's Name _____

Birth Date _____ Age: # of Years _____ # of Months _____

(If applicable) 2nd Child's Name _____

Birth Date _____ Age: # of Years _____ # of Months _____

Immunizations Up to Date? Yes No Date: _____

Financial Support

____ (EIA) Worker's Name _____ Case # _____

Phone _____ Fax _____ Email _____

____ Band Band Name _____ Contact Person _____

Phone _____ Fax _____ Email _____

____ Other _____

Registration letters can be typed up upon approval.

Please make sure we have the contact name, phone & fax number/email.

CFS Involvement

____ In Care Worker's Name: _____

____ VPA Which Authority?: _____

____ Not in Care Phone: _____

____ Extension of Services Until Age: _____

Community Involvement

____ Family Support Worker Name: _____ Phone: _____

____ Probation Officer Name: _____ Phone: _____

____ Other Name: _____ Phone: _____

**ACCESS TO STUDENT INFORMATION
CONSENT TO DISCLOSE PERSONAL INFORMATION TO
PARENTS/GUARDIANS OF STUDENTS 18 YEARS OF AGE OR OLDER**

This section must be completed by students 18 years and older.

I hereby ALLOW or DO NOT ALLOW (**circle one**), the staff at the Adolescent Parent Centre to release information regarding my school attendance, progress and performance to my parent(s)/guardian(s) and other agencies (ie. E.I. A., Bands, Support Workers, etc.).

Student Name: _____
(please print)

Student Signature: _____

MEDIA/PHOTOGRAPH CONSENT FOR CHILDREN UNDER THE AGE OF 4 YEARS:

Students who are their child's legal guardian, complete the form themselves. Students who are NOT their child's legal guardian must have form completed by present legal guardian.

Check one:

- I consent to my child being photographed, videotaped or interviewed and their name and image used in media coverage of school related events.
- I do not consent to my child be photographed, videotaped or interviewed by the media.

Child's Name: _____ Date: _____
(please print)

Parent/Guardian's Signature: _____

Aboriginal Identity Declaration EIS Data Collection

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners.


(Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)

Student Name: _____

1. I, _____ (name of parent/guardian, please print clearly):
 - Am submitting my child's Aboriginal Identity Declaration for the first time.
 - Am making changes to my child's Aboriginal Identity Declaration
 - Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.

2. Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?
Note: First Nations (North American Indian) include Status and Non-Status Indians
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 Aboriginal 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 _____
(day/month/year)

Informed Consent-Students

Attention Parents/Guardians/Adult Students: Please complete and return this form to the school as soon as possible. This information will be kept on file for reference throughout the school year.

Student Name: _____

School: _____

1. Publish or Display Student Work

Our school would like to share information and communicate with parents/guardians by highlighting the school, students and student work or activities in a variety of publications and/or Division organized or sponsored event. The following are examples only and not meant to be an inclusive list of how student information and work may be published or shown:

- students and their displays during school sponsored open houses, professional development sessions;
- students in other school related activities held at the school, school division sites or at school or school division sponsored events;
- division publications, or school publications, which are posted to the school or Winnipeg School Division controlled website;
- or posting or publishing on the school or Winnipeg School Division controlled social media platforms.

Please note: Video and photographs of students posted to the school or Winnipeg School Division controlled websites and Winnipeg School Division controlled social media platforms may identify students by name.

Please indicate your choice below:

- I GIVE CONSENT** to the Winnipeg School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications, at a Winnipeg School Division organized or sponsored events, and/or on Winnipeg School Division websites and social media platforms. I understand that photographs of students posted to the school or Winnipeg School Division controlled websites and social media platforms may identify students by name.
- I DO NOT GIVE CONSENT** to the Winnipeg School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or **Division organized or sponsored events.**

2. Media

Many positive things take place in our schools and we would like to share this good news with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with **the permission of the principal or vice-principal.**

Please indicate your choice below:

- I CONSENT** to my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.
- I DO NOT CONSENT** to my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.

3. Emails

The electronic distribution of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.

- I CONSENT** to receive information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.
- I DO NOT CONSENT** to receive information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.

Parent/Guardian or Adult name (please print): _____ Date: _____

(day/month/year)

Signature of Parent/Guardian or Adult Student: _____

Please note: Should circumstances change during the school year, you may change your consent at any time by contacting the school principal in writing.

WINNIPEG SCHOOL DIVISION LIVE STREAMING STUDENT PERMISSION FORM

In the Winnipeg School Division, Live Streaming refers to the broadcasting of live lessons in real time where students are present in the classroom as well as students learning from home.

Through this model teachers will be providing live streaming experiences both in real time or through a recording, which may be posted on the learning platform for other students to view.

Due to the special nature of live streaming activities, parents/guardians must consent to their child being photographed, videotaped, or recorded as part of the classroom learning activities. During live streaming lessons the webcam in your home should be positioned in such a way that it only captures your child's image when they are participating in the live streaming lesson.

I give my child permission, during this school year, 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 give permission for my child's voice and image to be transmitted and viewed for the purpose of learning activities in the classroom and home environment.

I do not give my child permission, during this school year, to participate in live streaming activities .

Student Name _____
(please print clearly)

Parent or Guardian _____
(please print clearly)

Parent or Guardian
Signature _____

Date _____