

Last Name: _____

First Name: _____

Gordon Bell Pre-Registration Process: 2022 – 2023 Students entering Grade 10

This is a checklist for **GRADE 9 Students applying for Grade 10 classes** in **2022 - 2023**.

Please discuss the following points with your parent(s) / guardian(s):

- ☐ Prior to selecting your courses, we strongly encourage you to go to the Gordon Bell High School webpage <https://www.winnipegssd.ca/schools/GordonBell> to consult the following resources (all found under the Student Resources → Pre-Registration Planning tabs):
 - **Graduation Requirements:** Learn how many credits are required and which specific courses are needed for graduation.
 - **Student Handbook:** Read descriptions of all courses offered at Gordon Bell to get a better understanding of what a course is about.
 - **Math Info Sheet:** Consult to help you figure out which Math stream is best for you.
 - **English Info Sheet:** English Comp is compulsory. You may also wish to take English Lit or Trans as an option.
 - **Post-Secondary Requirements:** University and college programs often have prerequisites, require a minimum number of 40S classes, and may require you to take a specific Math (i.e. Pre-Cal) or Science course (i.e. Biology, Chemistry, and Physics). When selecting elective courses, we strongly recommend you consult this document first.
- ☐ Use the chart on the back of this page to select the courses you wish to register for. The courses that have prerequisites are indicated by an asterisk (*). Please ensure these prerequisites have been met before registering in a course. Note that you will be required to sign up for:

Compulsory Courses: See Graduation Requirements sheet on the website

Elective Courses: Select up to five courses.
Rank them in order of preference, with 1 being the one you want the most.
- ☐ It can also be helpful to speak with teachers, your counsellor or Career Intern to help plan the best possible educational path. Please follow-up with them as needed.
- ☐ Bring your completed form with you when you pre-register here at school, as it will make it easier for you to fill out your online application.

Parent(s) / Guardian(s):

Your son / daughter will be registering on-line for next year's courses between Thursday, March 3rd and Wednesday March 9th. The purpose of this sheet is to help your son / daughter plan their course selections for the 2022-2023 school year. Please follow the steps above, and discuss with your son/daughter their course selections.

Upon registering students will receive a printed copy of course requests that they will be bringing home to have signed by you. Please use a pen to indicate any changes to address, phone number, etc.

We ask that these forms be returned to the main office no later than Friday, March 11th.

Please sign indicating you have reviewed and approve of the course selections made on the back of this sheet:

Parent/Guardian Name (print): _____

Date: _____

Parent/Guardian Signature: _____

Thank you for your support with this process!

Grade 10: 2022 – 2023

Course Pre-Selection Planning Sheet

Course Selections: Please refer to course handbook for course descriptions and prerequisites.
(* = indicates a prerequisite is required to take course)

COMPULSORY COURSES FROM PREVIOUS YEARS			
Do you have all compulsory Grades 9 courses? (Not sure? Skip this step)		Check any missing credits	
ENGR1F	MATR1F	PHER1F	SCIR1F
SOSR1F			
Student will need to register for any of the above missing credits.			
COMPULSORY COURSES			
All Grade 10 students are required to take the following compulsory courses: Please put a check mark beside the credits you will need to register for.			
	English*	ENGR2F	1 credit
	Geography*	GEOR2F	1 credit
	Physical Education*	PHER2F	1 credit
	Science*	SCIR2F	1 credit
All Grade 10 students must choose one of the following compulsory Math courses:			
	Essential Skills Math*	ESMR2S	1 credit
	Intro. to Applied & Pre Calculus Math*	IAPR2S	1 credit

ELECTIVES / OPTION COURSES			
Please select five (5) courses and rank from 1 to 5. (One being the one you want most.) Make sure to check the appropriate grade-level (Reminder 2 = Grade 10, 3 = Grade 11, and 4 = Grade 12). Although there are no prerequisites, it is strongly recommended that students begin with the Grade 10 level, if not taken previously.			
	2D Computer Animation / 3D Modeling	ANHR3S / MOHR3S (2 half courses = 1 course)	1 credit
	Accounting	AESR3S	1 credit
	Art	VIAR2S, VIAR3S	1 credit
	Band++	MCBR2S, MCBR3S	1 credit
	Biology*	BIOR3S*	1 credit
	Chemistry*	CHER3S*	1 credit
	Choir++	MCCR2S, MCCR3S	1 credit
	Current Topics in Science*	CTSR3S*	1 credit
	Dance	DANR2S, DANR3S	1 credit
	Desktop Publishing/Web Design	DPHR3S/WDHR3S (2 half courses = 1 course)	1 credit
	Digital Images / Digital Film	DIHR2S / DFHR2S (2 half courses = 1 course)	1 credit
	Drama	DAMR2S, DAMR3S	1 credit
	English Transactional*	ENGT3S	1 credit
	English Literary*	ENGL3S	1 credit
	Family Studies	FSTR2S, FSTR3S	1 credit
	Foods & Nutrition	FNUR2S, FNUR3S	1 credit
	French	FRER2F, FRER3S	1 credit
	Graphic Arts	GRAR2G, GRAR3G	1 credit
	Human Ecology	HECR2S, HECR3S	1 credit
	Life Work Planning	LWPR2S, LWBR3S	1 credit
	Percussion (Drumming)	MU1R2S, MU1R3S	1 credit
	Personal Finance	PFNR2S	1 credit
	Physics*	PHYR3S*	1 credit
	Piano	MMKR2S, MMKR3S	1 credit
	Reading is Thinking	RITR2S	1 credit
	Textile Arts & Design	TADR2S, TADR3S	1 credit
	Venture Development (Indigenous Entrepreneurship)	VDER3S, TTBR4S	1 credit

Please Note ++:
These courses may be scheduled at 8:00 a.m., lunch time and / or 3:30 p.m.
Urban Fusion (DN1R2S, 3S, 4S) , Vocal Jazz (MVJR2S, 3S, 4S) and Drama Performance (DPHB1S, 2S, 3S, & 4S – ½ credit) will be available by audition only and you do not sign up for these at this time.

**STUDENT APPLICATION FOR REGISTRATION & CONSENTS**SCHOOL: **GORDON BELL**

STUDENT #: _____

GRADE: **10**

ROOM: _____

PROGRAM CODE: _____

MET #: _____

RESIDENT: ☐ YES ☐ NOCATCHMENT: ☐ YES ☐ NO

MOVE - EFFECTIVE DATE: _____

STUDENT INFORMATION

Legal Names: Last Name _____

First Name _____

Middle Name _____

Name Known by _____

Birthdate: _____

(day/month/year)

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 _____

☐ UnlistedStudent 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 necessaryJoint* ☐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"/>	_____

(day/month/year)

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)

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 _____