WINNIPEG ADULT EDUCATION CENTRE

310 Vaughan Street, Winnipeg, Manitoba R3B 2N8 Telephone: 204-947-1674 / Fax: 204-956-5049

2023-2024

Part 1 of 3

Legal Last Name:	Rirth Date	Day	Month	Year Verified	
	_			Female:	
First Name:				onforming:	
Maiden/Previous Name:			ender:	Jilloming	
Known By Name:	I VV	o Spir	II.		
Status: ☐ Canadian ☐ Permanent Resident ☐ Refugee ☐ Wo	ork/Student Vis	a U	CI Nun	nber:	
Country of Birth:	ee 🗖 Pri	vately	Sponso	ored Refugee	
Date Entered Canada:					
Have you ever attended a school in Manitoba? Yes No					
Last School Attended: Province/T	Territory:			Year:	
STUDENT ADDRESS:					
Full Addresss:	City o	f Winn	ipeg 🗀] or	
Postal Code: Home Phone:	Cell Pho	ne:			
MEDICAL INFORMATION:					
Personal Health ID Number (9 digit number) :					
Please check one: (if applicable)					
Asthma—and carry a prescribed reliever medication					
Anaphylaxis—and carry a prescribed adrendaline auto injector					
Other– bleeding disorder, cardiac condition, diabetes, seizure disorder					
Have you graduated from a <u>Canadian High School</u> and received a grade 12 diploma? (If no, please leave blank)					
☐ Yes School Attende	ed			Province	
If yes, Graduation Transcript will need to be provided					
STUDENT SIGNATURE: A	APPLICATION	N DAT	E:		
OFFICE USE ONLY	WSD Studen	nt #			
	MET #				
Entry date Proof of Residency	Schools	of Ch	oice?	Yes No	

Malti _

Grade Level __

ALC _

Isbister_

_ EAL: <u>S1 S2 S3 S4</u>

Part 2 of 3



WINNIPEG ADULT EDUCATION CENTRE Informed Consent / Use of Online Information Resources

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: (please print)		Date of Birth:		
PART ONE: Informed Consent-Students				
1. Publisl	h or Display Student Work			
work or a meant to	ool would like to share information and communicate with parents/guard activities in a variety of publications and/or Division organized or spons be an inclusive list of how student information and work may be published students and their displays during school sponsored open houses, profestudents in other school related activities held at the school, school division events division publications, or school publications, which are posted to the school or posting or publishing on the school or Winnipeg School Division control	ored event. The following are examples only and not ed or shown: ssional development sessions on sites or at school or school division sponsored bol or Winnipeg School Division controlled website		
	note: Videos and photographs of students posted to the school or Winnip Privision controlled social media platforms may identify students by name.	peg School Division controlled websites and Winnipeg		
Please in	ndicate your choice below:			
	I GIVE CONSENT to the Winnipeg School Division to publish or show name, grade, school and samples of my or my child's work in various p sponsored events, and/or on Winnipeg School Division websites and of students posted to the school or Winnipeg School Division control students by name.	ublications at a Winnipeg School Division organized or social media platforms. I understand that photographs		
	I DO NOT GIVE CONSENT to the Winnipeg School Division to pub photographs, name, grade, school and samples of my or my child's wo sponsored events.			
2. Media				
and other	sitive things take place in our schools and we would like to share this good or members of the media to visit our schools. Photographs, videotapin on of the principal or vice-principal.			
Please in	ndicate your choice below:			
	I CONSENT to my son/daughter (or myself as an adult student) being the media.	photographed, videotaped/recorded or interviewed by		
	I DO NOT CONSENT to my son/daughter (or myself as an adult s interviewed by the media.	tudent) being photographed, videotaped/recorded or		
3. Emails	s			
	stronic distribution of newsletters, school updates and announcementing and promotions.	s regarding division and school activities, including		
	I CONSENT to receive information in the form of newsletters, school school activities, including fundraising and promotions.	updates and announcements regarding division and		
	Email address:	(please print clearly)		
	I DO NOT CONSENT to receive information in the form of newsletters, and school activities, including fundraising and promotions.	school updates and announcements regarding division		
Student	t Signature:	Date:		
I understa	TWO: Application for the Use of the Online Information tand and abide by the Winnipeg School Division Policies, and applications of the Winnipeg School Division Policies, and applications including use of the Winnipeg School Division Policies, and applications including use of the Winnipeg School Division Policies, and applications including use of the Winnipeg School Division Policies, and applications including use of the Winnipeg School Division Policies, and application Policies, and application Policies, and application Policies (Proposition Policies) and School Division Policie	ble legislation for the responsible use of technology		
Student	t Signature:	Date:		



Student Name (please print)

Student Signature: _

Aboriginal Identity Declaration EIS Data Collection

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Advanced Learning 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. ______, (name of student, please print clearly): Am making changes to my Aboriginal Identity Declaration. Already submitted my Aboriginal Identity Declaration and have no further changes to make at this time. Are you 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) you now: Yes, First Nation (North American Indian) Yes, Métis Yes, Inuk (Inuit) 3. If item 2 is "Yes", which best describes your Aboriginal cultural-linguistic identity? Please select up to two choices: П Anishinaabe (Objibway/Saulteaux) ☐ Ininiw ☐ Dene (Sayisi) □ Dakota Oji-Cree ☐ Michif □ Inuktitut ☐ Other-please specify:__ For more information about Aboriginal Identity Declaration, please contact: Aboriginal Education Directorate Murdo Scribe Centre 510 Selkirk Avenue Telephone: 204-945-7886 (Toll Free: 1-800-282-8069 ext. 7886) Fax: 204-948-2010 Email: richard.perrault@gov.mb.ca Or visit the website at: http://www.edu.gov.mb.ca/aed/abidentity.html WINNIPEG SCHOOL DIVISION INVESTING IN THE FUTURE **Ancestral/Cultural Identification and Languages Declaration** Providing this personal information is voluntary and optional. If you are not an Aboriginal person, what is your ancestral or cultural identity? Or what other ancestral or cultural identities do you have? For example, Chinese, Swazi, Filipino, etc. What language(s) other than English are spoken at home? (e.g. French, Cree, Cantonese)

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. If you have any questions regarding the collection of personal information, please contact the school principal.

Please complete and return this form to your school office