

WINNIPEG ADULT EDUCATION CENTRE

Part 1 of 3

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

PLEASE PRINT

2025-2026

Legal Last Name: _____ Birth Date: ____/____/____
Day Month Year Verified ☐

First Name: _____ Gender Identity: _____

Middle Name: _____ Male : ____ Female: ____

Maiden/Previous Name: _____ Gender non-conforming: ____

Known By (preferred) Name: _____ Trans: ____

Two Spirit: ____

Address and Contact Information:

Street Address: _____ Apt #: _____ City: _____

Postal Code: _____ Cell Phone: _____ Home Phone: _____

Personal e-mail address: _____

Emergency Contact: (optional) Name: _____ Contact Phone # _____

Citizenship/Immigration Status:

Status: ☐ Canadian Citizen ☐ Permanent Resident ☐ Refugee
☐ Work/Student Visa ☐ Government Assisted Refugee ☐ Privately Sponsored Refugee

Country of Birth: _____ UCI Number: _____ (if applicable)

Date Entered Canada: ____/____/____ (if applicable)
Day Month Year

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 adrenaline auto injector
☐ **Other**— bleeding disorder, cardiac condition, diabetes, seizure disorder

URIS health plan: If you select one of the above items the guidance department will discuss your health plan with you.

Education History:

Have you previously attended a Winnipeg School Division school? ____ If so, which school? _____

What is the highest level of education you have attained in any country? _____

If you have graduated from a Canadian High school: Graduation Year: _____

School Name: _____ Province: _____

What was the last school you attended:

School Name: _____ Location (Division/City/Province/Country) _____

If you would like any courses (or graduation) recognized from outside WSD you must provide a transcript. Transcript provided: ☐

By signing below you certify that the information provided is accurate to the best of your knowledge.

Student Signature: _____ Application Date: ____/____/____
day month year

OFFICE USE ONLY WSD Student #: _____ MET #: _____

Entry date: _____ WSD Resident: Y____ N____ School of Choice? Yes ____ No ____

Homeroom: ____ Grade Level: ____ EAL: 10E - S1 20E - S2 30E - S3 40E - S4 LAL: 1 2

Non-resident School Division: _____ Follow up: _____

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. 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: Videos 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 report cards, newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.

- ☐ **I CONSENT** to receive information in the form of report cards, newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.
- Email Address:** _____ (please print clearly)
- ☐ **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.

Student Signature: _____ **Date:** _____

PART TWO: Application for the Use of the Online Information Resources, Winnipeg School Division

I understand and abide by the Winnipeg School 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.

Student Signature: _____ **Date:** _____

This personal information is being collected under the authority of The Public Schools Act for school related purposes. It is protected by the Protection of Privacy provision of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, please contact the principal of the school.
Please note: Should circumstances change during the school year, you may change your consent at any time by contacting the school principal in writing.

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.

1. I, _____, (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.

2. 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:

- | | |
|--|--|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Ininiw |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Dakota |
| <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Inuktitut | <input type="checkbox"/> 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)

Student Name (please print) _____

Student Signature: _____

Please complete and return this form to your school office