

☐Student Registration Documentation Requirements

All families registering in a Winnipeg School Division School should bring the following required documents to the school as part of the registration process.

Proof of child's age and legal name (provide one of the following):
Birth certificate or certificate of live birth
Treaty card
Passport (along with proof that the birth certificate has been applied for)
Official letter from an assistance agency or receipt from Vital Statistics showing the application has been made
Proof of residency (provide one of the following):
Property tax assessment (for primary residence ONLY)
Accepted offer to purchase
Rental/lease agreement
Child tax benefit statement with address (if rental agreement is unavailable)
Health insurance
Manitoba heath card with your child's 9 digit number listed or a receipt from Vital
Statistics showing the application has been made
Out of province medical card with proof Manitoba health has been applied
For refugees please see below
Custody/Guardianship documents (if applicable)
Court order document signed by a judge
Child in Care form
Protection orders for anyone legally prohibited from being near the student
For alternative care arrangements please contact the Enrolment Section of the Winnipeg School Division
Permanent residents (if applicable)
Confirmation of permanent residence document
Permanent resident card
Refugees (if applicable)
Refugee protection claimant document
Acknowledgement of claim and notice to return for interview (issued within the last calendar year)
All refuges are covered under IFHP (Interim Federal Health Program). This will be listed on their immigration document
Report Card
Most recent report card
Grade 10 -12 transcript (if documents are in a language other than English, you must provide the documents in the original language, as well as a certified/

notarized literal English translations).

The names listed in the Winnipeg School Division's student information system are what is listed on the student's final transcript. If the name on the student's transcript is not their legal name this can cause problems for the student in the future due to inaccurate documents.

Per the Public Schools Act residency is based on the legal guardian's primary residence. The Winnipeg School Division requires one of the documents listed on this form as proof of primary residence.

In the event of an emergency it is important that this information is correct so it can be given to medical professionals and there is no delay in your child's treatment.

Legal guardianship requires additional documentation from a court or agency.

All names on the required documents must be the same. If different, please provide legal documentation showing the name change.

If there is any change to your immigration status after registration, please inform the school.

If you are unable to provide the school the requested documents, please contact Grant Park High School at 204-452-3112.

Updated: January 31, 2024



Entry Date:	
	Day / Month / Year

STUDENT APPLICATION FOR REGISTRATION & CONSENTS

SCHOOL: GRANT PARK HIGH SCH	OOL	STUDENT #:
GRADE: 10 ROOM:	PROGRAM CODE:	
RESIDENT: YES NO CAT	CHMENT: YES	· · · · · · · · · · · · · · · · · · ·
STUDENT INFORMATION		
Legal Names: Last Name		
First Name	Middle Name	Name Known by
Birthdate: Se	k: Female 🔲 Male	Country of Birth: Canada 🗆 or
Preferred gender (choose one if applicate	le): Trans Person	Two-Spirit Gender non-conforming
If not a Canadian Citizen, please indica		
Date Entered Canada:	Visa Ex	piry Date: UCI Number:
		Private Sponsor Refugee \square Refugee Claimant \square Visa Student \square
		Other Languages:
Current or Last School Attended:		City/Town/Prov:
STUDENT ADDRESS		
		City Winnipeg or
Postal Code Ho	me Phone	Unlisted Student Lives on Own: Yes ☐ No ☐
PARENT/LEGAL GUARDIAN AND CONT.	ACT INFORMATION	
Parent, Legal Guardian or Alternate	Contact	
Last Name	-	First Name
		: Lives with Yes \square No \square / Student Also Lives with Yes \square No \square
Enter address and home phone if diff	erent from student	
•	· ·	ityPostal Code
		oneext Cell
		Employer
Parent, Legal Guardian or Alternate		
Last Name		First Name
		: Lives with Yes \square No \square / Student Also Lives with Yes \square No \square
Enter address and home phone if diff	erent from student	
Address	Ci	ityPostal Code
Home Phone	nlisted Work Pho	oneext Cell
Email	E	Employer
Parent, Legal Guardian or Alternate	Contact	
Last Name		First Name
Relationship to Student		Lives with Yes 🗆 No 🗆 / Student Also Lives with Yes 🗆 No 🗆
Enter address and home phone if diff		·
Address		ityPostal Code
		one ext Cell
Email		Employer
LEGAL CUSTODY Please provide document		
Joint* ☐ Mother ☐	<u> </u>	uardian Agency Other O
*Joint Custody refers to those pare		5 ,
SIBLINGS Pre-School/School Age		
Name	Birthdate	Sex School
		Female
	· · · · · · · · · · · · · · · · · · ·	Female Male

ADDITIONAL CONTACT INFORMATION					
Emergency Contact (if parent/guardian ca	nnot be reached)				
Last Name		First Nam	ne		
Relationship to Student		Student L	ives with Yes 🗖	No 🗆	
Home Phone	Unlisted	Work Phone	ext	Cell	
Medical Information					
MB (9 digit) Personal Health ID No:					
Health Concerns/Allergies:					
Additional Health Concerns P	lease indicate (v	() all health care nee	eds that apply to	our child:	
☐ Anaphylaxis: Life-thre	eatening allergy	(child is prescribed	an EpiPen) A lette	r and additional forn	n will be
provided					
☐ Asthma: (administrat	ion of medication	on by inhalation) A le	etter and additior	ıal form will be provi	ded.
☐ Bleeding Disorder					
☐ Cardiac Condition					
☐ Clean Intermittent Ca					
☐ Diabetes: Type 1 or T					
☐ Gastrostomy Feeding	•				
☐ Osteogenesis Imperfo	ecta (brittle bon	ie disease)			
☐ Ostomy Care					
☐ Pre-set Oxygen					
☐ Seizure Disorder	a.a.d:±: a.a				
☐ Steroid Dependent C					
☐ Suctioning (oral and/☐ My child is receiving W	•	Division transportati	ion to and from s	shool	
☐ My child does not have any o		•		,11001.	
If you have checked any of the above health ca The URIS application will then be submitted to					
be provided and an individual health care plan			Willing office to	chaire the appropriate s	yer vices wiii
Application for the Use of the Online	Intormation Re	sources in the Winn	ipeg School Divis	<u>ion</u>	
To the Student: I understand and abid	de by the Divisio	n Policies, and appli	icable legislation f	or the responsible u	se of
technology (Division/personal devices) and social med	lia applications inclu	iding use of the W	innipeg School Divis	ion
networks. To student 16 years and old	der please initial	<u> </u>			
To the Parent: As the parent/guardian	n of the student	, I understand that a	ccess is designed	for educational purp	oses as
set out by the Winnipeg School Division	on policies and a	pplicable legislation	. I hereby give per	mission to my child	to have
access to all technologies and Division	approved socia	I media within the V	Vinnipeg School D	ivision.	
☐ I consent to allowing my chil	d to have access	s to all technologies	and social media		
\square I do not consent to allowing	my child to have	e access to all techno	ologies and social	media	
Ancestral / Cultural Identification and	l Languages Dec	claration (if Aborigin	al continue on next	page)	
Providing this personal ancestral/cultu	ural information	is voluntary and opt	tional.		
What is the student's ancestral or cult					
✓ SIGNATURE OF PARENT/GUARDIAN OR A	ADULT STUDENTS				
- SIGNATURE OF PARENT/ GUARDIAN OR P	ADULI STUDENT:				
•			D	ATE:	



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.)

1. l,	, (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.
Ν	s 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
l1	f "Yes", mark the square(s) that best describe(s) your child now:
	Yes, First Nation (North American Indian)
	Yes, Métis
	☐ Yes, Inuk (Inuit)
. v	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:
	nt/Guardian Signature Date

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 N	nt Name:	School: GRANT PARK HIGH SCHOOL			
O st fo	blish or Display Student Work Our school would like to share information and communicate with parents/g students and student work or activities in a variety of publications and/or Divi following are examples only and not meant to be an inclusive list of how studer or shown:	sion organized or sponsored event. The			
•	 students and their displays during school sponsored open houses, professional de students in other school related activities held at the school, school division sites devents; 				
•	 division publications, or school publications, which are posted to the school or Wir website; 	nnipeg School Division controlled			
•	or posting or publishing on the school or Winnipeg School Division controlled soci	al media platforms.			
	Please note: Video and photographs of students posted to the school or Win websites and Winnipeg School Division controlled social media platforms ma				
<u> </u>	Please indicate your choice below:				
g s s	I GIVE CONSENT to Winnipeg School Division to publish or show my child's, or m grade, school and samples of my or my child's work in various publications, at a W sponsored events, and/or on Winnipeg School Division websites and social media students posted to the school or Winnipeg School Division controlled websites and students by name.	Vinnipeg School Division organized or a platforms. I understand that photographs of			
р	I DO NOT GIVE CONSENT to Winnipeg School Division to publish or show my chiphotographs, name, grade, school and samples of my or my child's work in variou sponsored events.				
2. Med	edia				
b	Many positive things take place in our schools and we would like to share this by inviting journalists and other members of the media to visit our schools. Phallowed at schools only with the permission of the principal or vice-principal	notographs, videotaping or interviews are			
F	Please indicate your choice below:				
	I CONSENT to my child (or myself as an adult student) being photographed, v media.	ideotaped/recorded or interviewed by the			
	I DO NOT CONSENT to my child (or myself as an adult student) being phointerviewed by the media.	otographed, videotaped/recorded or			
3. Emai	nails				
	The electronic distribution of newsletters, school updates and announce activities, including fundraising and promotions.	ements regarding division and school			
	I CONSENT to receive information in the form of newsletters, school update and school activities, including fundraising and promotions.	s and announcements regarding division			
	I DO NOT CONSENT to receive information in the form of newsletters, sch regarding division and school activities, including fundraising and promotions.	ool updates and announcements			
Parent/G	t/Guardian or Adult name (please print):	Date:			
Signa	nature of Parent/Guardian or Adult Student:				
	e note: Should circumstances change during the school year, you may change y sting the school principal in writing.	our consent at any time by			

LIVE STREAMING STUDENT PERMISSION FORM

In 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.

such

as Seesaw, Goog addition, I give pe	Dermission , during this school year, to participate in live streaming activities on platforms such gle Suite/Meets, and Microsoft Office 365/Teams to address curricular outcomes. In rmission for my child's voice and image to be transmitted and viewed for the purpose of learning ssroom and home environment.
☐ I do not give my o	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	



GRANT PARK HIGH SCHOOL GRADE 10 ENGLISH PROGRAM 2024 - 2025

APPLICATION DUE: March 5, 2024

Student Last Name: Student No.:			Legal First N	lame: _		
at least 9 cred Students are	aduate with a high school diplo dits. Students and parent(s)/gu timetabled with the understand required credits, it is their res	lardian(s) are resp ding that they have	onsible to ensure obtained the p	e that the rerequisite	y are meeting g courses for the	raduation requirements. eir selections. If they do
	ompulsory Courses y courses you maybe missi	ng	Grade 10 Co Please X requ		y Courses – {	5 Credits
		ng				
ENGR1F or	English 10F		ENGR2F or	English 2	20F++	
ENGE1F	English 10F Advanced		ENGE2F	English 2	20F Advanced+	+
MATR1F or	Math10F		GEOR2F	Geograp	hy 20F	
MATE1F	Math 10F Advanced		GEOE2F	Geograp	hy 20F Advanc	ed++
PHER1F	Physical/Health Education	10F	PHER2F	Physical	/Health Educati	on 20F
SCIR1F or	Science 10F		SCIR2F	Science	20F++	
SCIE1F or	Science 10F Advanced		And one or tw		I Mathematics 2	20S++
SCIE2F	Science 20F Advanced++ (If student is in the Advance	ed stream)	or IAPR2S			e-Calculus 20S++
SOSR1F	Social Studies 10F		or IAPE2S		Applied and Pre	e-Calculus 20S
or SOSE1F	Social Studies 10F Advance	ed		Advance	:C++	
	rses ould choose 4 option course ould also choose two alterna		· · · · · · · · · · · · · · · · · · ·			lment; therefore
_BIOE3S	Advanced Biology 30S++	DAMR2S	Drama		LWPR2S	Life/Work Planning 20S
_BIOR3S	Biology 30S++	DAMR2S DAMR2S	Drama 20S (Fili		METR2G	Metalwork Technology 20G
_ CHEE3S _ CHER3S	Advanced Chemistry 30S++ Chemistry 30S++		(Theatre/Acting	ŕ	DMTR2S	Musical Theatre 20S
_POMR2G	Automotive Technology 20G	FSTR2S	Family Studies		MGUR2S	Singer/Songwriter 20S
_COSR2S	Computer Science 20S	FNUR2S	Food & Nutrition	n 20S	SPAR2G	Spanish 20G
_MCBR2S	Concert Band 20S++	FRER2F	French 20F++		TADR2S	Textile Arts & Design 20S
_MCCR2S	Concert Choir 20S	GRAR2G	Graphics Desig		DTHR2S	Theatre Production 20S
_DANR2S	Dance 20S	HISR2G	American Histo	ry 20G	VIAR2S	Visual Arts 20S
		CTSR3S	Horticulture 305	3		
_ DFHR2S _ IMHR3S	Digital Film Making 25S Interactive Media 35S (Independent Study)	HECR2S	Human Ecology	/ 20S	WOOR2G	Woodwork Technology 20G

_ DIMR2S

Improv 20S

**These 2 courses must be taken together.

1 credit is awarded.

The following are special interest courses and may be chosen in addition to; or instead of the student's 3 option courses. Some of these take place outside regular school hours. Registration for these courses must have teacher approval.
DNHB2S Dance Ensemble 20S
DPHB2S Drama Production 20S (Co-requisite: DAMR1S or DAMR2S)
MJBR2S Jazz Band 20S++
MUIR2S Musical Production 20S++ (Co-requisite: one of the following: MCCR2S, DANR2S, DAMR2S or DMTR1S)
Please see the guidance department for Special Language Credit information.
++requires a prerequisite course If you have any questions, please contact Student Services at 204-452-3112 ext. 575 to speak to a counsellor.

Date: _____

Parent/Guardian Signature: Student Signature:

Special Interest Courses