

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. Applications cannot be processed without these documents.

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 health card with your child's 9 digit number listed
 - ☐ Out of province medical card with proof Manitoba health has been applied for
- 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 refugees 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 the Enrolment Section of the Winnipeg School Division 204-775-0231.

**STUDENT APPLICATION FOR REGISTRATION & CONSENTS****SCHOOL: GRANT PARK HIGH SCHOOL****STUDENT #:** _____**GRADE:** 10 **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 ☐

If 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 necessaryJoint* ☐ Mother ☐ Father ☐ Guardian ☐ Agency ☐ Other ☐

*Joint Custody refers to those parents who have legal custody agreement

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 _____

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: _____

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 _____

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: **GRANT PARK HIGH 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 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 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 child (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.
- ☐ **I DO NOT CONSENT** to my child (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: _____

 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.

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.

☐ **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 _____



GRANT PARK HIGH SCHOOL
GRADE 10 ENGLISH PROGRAM
2023 - 2024
APPLICATION DUE: March 3, 2023

Student Last Name: _____

Legal First Name: _____

Student No.: _____

In order to graduate with a high school diploma students must complete a total of 30 credits. Grade 10 students must register for at least 9 credits. Students and parent(s)/guardian(s) are responsible to ensure that they are meeting graduation requirements. Students are timetabled with the understanding that they have obtained the prerequisite courses for their selections. If they do not obtain the required credits, it is their responsibility to see a counsellor to make the necessary changes.

Previous Compulsory Courses

Please **X** any courses you maybe missing

___ ENGR1F English 10F

or

___ ENGE1F English 10F Advanced

___ PHER1F Physical/Health Education 10F

___ SCIR1F Science 10F

or

___ SCIE1F Science 10F Advanced

or

___ SCIE2F Science 20F Advanced++

(If student is in the Advanced stream)

___ SOSR1F Social Studies 10F

or

___ SOSE1F Social Studies 10F Advanced

Grade 10 Compulsory Courses – 5 Credits

Please **X** required courses

___ ENGR2F English 20F++

or

___ ENGE2F English 20F Advanced++

___ GEOR2F Geography 20F

or

___ GEOE2F Geography 20F Advanced++

___ PHER2F Physical/Health Education 20F

___ SCIR2F Science 20F++

And one or two of:

___ ESMR2S Essential Mathematics 20S++

or

___ IAPR2S Intro. to Applied and Pre-Calculus 20S++

or

___ IAPR2S Intro. to Applied and Pre-Calculus 20S
Advanced++

Option Courses

Students should choose 4 option courses. Some courses may not be offered due to low enrolment; therefore students should also choose two alternate option courses. Rank courses from 1 to 5.

___ BIOE3S Advanced Biology 30S++

___ BIOR3S Biology 30S++

___ CHEE3S Advanced Chemistry 30S++

___ CHER3S Chemistry 30S++

___ POMR2G Automotive Technology 20G

___ COSR2S Computer Science 20S

___ MCBR2S Concert Band 20S++

___ MCCR2S Concert Choir 20S

___ DANR2S Dance 20S

___ DAMR2S Drama 20S (Film Focus)

___ DAMR2S Drama 20S (Theatre/Acting
Focus)

___ FSTR2S Family Studies 20S

___ FNUR2S Food & Nutrition 20S

___ FRER2F French 20F++

___ GRAR2G Graphics Design 20G

___ HISR2G American History 20G

___ CTSR3S Horticulture 30S

___ HECR2S Human Ecology 20S

___ DIMR2S Improv 20S

___ LWPR2S Life/Work Planning 20S

___ METR2G Metalwork Technology 20G

___ MGUR2S Singer/Songwriter 20S

___ SPAR2G Spanish 20G

___ TADR2S Textile Arts and Design 20S

___ DTHR2S Theatre Production 20S

___ VIAR2S Visual Arts 20S

___ WOOR2G Woodwork Technology 20G

(See option courses on the next page)

Special Interest Courses

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.

___ DFHR2S Digital Film Making 25S (Independent Study)

___ IMHR3S Interactive Media 35S (Independent Study)

** These 2 courses must be taken together. 1 credit is awarded.

___ DPHB2S Drama Production 20S (Co-requisite: DAMR1S or DAMR2S)

___ MJBR2S Jazz Band 20S++

___ MUIR2S Musical 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.

Parent/Guardian Signature: _____ Student Signature: _____ Date: _____