

# 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:** 9 **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 9 ENGLISH PROGRAM

2023 – 2024

APPLICATION DUE: March 3, 2023

Student Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Student No.: \_\_\_\_\_

In order to meet graduation requirements, students must complete a total of 30 credits. Grade 9 students will be timetabled for a minimum of 8 credits. Students and parent(s)/guardian(s) are strongly encouraged to read the course information booklet provided online on the Grant Park High School website [www.winnipegssd.ca/grantpark](http://www.winnipegssd.ca/grantpark) to ensure that they are choosing the appropriate courses to meet their educational, academic and career requirements.

## Grade 9 Compulsory Courses – 5 Credits

Please X required courses

### General Courses

\_\_\_\_ ENGR1F English 10F  
\_\_\_\_ MATR1F Math10F  
\_\_\_\_ SCIR1F Science 10F  
\_\_\_\_ SOSR1F Social Studies 10F

### Physical Education

\_\_\_\_ PHER1F Physical/Health  
Education 10F

### Advanced Courses \*\*

☐ ENGE1F English 10F Advanced and  
SOSE1F Social Studies 10F Advanced  
  
☐ MATE1F Math 10F Advanced  
SCIE1F Science 10F Advanced and  
SCIE2F Science 20F Advanced

\*\* All students not currently in the Advanced Program or who are transferring from another school will need to be assessed for entry into the Advanced Program for Grade 9.

## Grade 9 Option Full (1.0) Credit Courses

Choose the equivalent of **3.0 credits** from the list below by combining full (1.0) and half (0.5) credit courses

____ MCBR1S Concert Band 10S	____ HECR1S Human Ecology 10S
____ MCCR1S Concert Choir 10S	____ DMTR1S Musical Theatre 10S
____ DANR1S Dance 10S	____ SPAR1G Spanish 10G
____ DAMR1S Drama 10S	____ DTHR1S Theatre Production 10S
____ FRER1F French 10F	____ VIAR1S Visual Arts 10S
____ MGUR1S Guitar 10S	

## Half (0.5) Credit Courses

____ ICTA1F Applying Info & Communication Technology A 15F	____ GRHR1G Graphics Arts 15G
____ ICTB1F Applying Info & Communication Technology B 15F	____ PMHR1G Intro. Automotive Technology 15G
These 2 courses must be taken together. <b>1 credit is awarded.</b>	
____ CIAR1G Computer Science 15G	____ LWEH1S Life/Work Explorations 15S
____ FAHR1S Family Studies 15S	____ MEHR1G Metalwork 15G
____ FOHR1S Food & Nutrition 15S	____ ELHR1G Robotics 15G
	____ TDHR1S Textile Arts and Design 15S
	____ WOHR1G Woodwork 15G

## Additional Credit Offered Outside the Regular Timetable

\_\_\_\_ DNHB1S Dance Ensemble 15S  
\_\_\_\_ MJBR1S Jazz Band 10S (co-requisite: Concert Band 10S)  
\_\_\_\_ MUIR1S Musical (co-requisite: Choral 10S or Dance 10S or Drama 10S or Musical Theatre 10S)

Students must choose two alternate option courses as some courses may not be available.

1. Course Code: \_\_\_\_\_ Course Name: \_\_\_\_\_  
2. Course Code: \_\_\_\_\_ Course Name: \_\_\_\_\_

Please see the guidance department for Special Language Credit Information.

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_