



Entry Date: \_\_\_\_\_  
Day / Month / Year

### STUDENT APPLICATION FOR REGISTRATION & CONSENTS

SCHOOL: TEC-VOC HIGH SCHOOL -- 2023-2024 STUDENT #: \_\_\_\_\_  
PROGRAM: AMMOP ROOM: 104A MET #: \_\_\_\_\_

#### STUDENT INFORMATION

Legal Names: Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Name Known by \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender: Female  Male   
Preferred gender (choose one if applicable): Trans Person  Two-Spirit  Gender non-conforming   
Country of Birth: Canada or \_\_\_\_\_ Canadian Citizen? Yes  No   
If **NOT** a Canadian Citizen, please indicate: Date Entered Canada \_\_\_\_\_ UCI Number \_\_\_\_\_  
Day / Month / Year  
Status: Permanent Resident  Government Assisted Refugee  Private Sponsor Refugee   
Refugee Claimant  Visa Student   
Languages spoken at home: English: Yes  No  Other Languages: \_\_\_\_\_

#### STUDENT ACADEMIC HISTORY

Last School Attended: \_\_\_\_\_ City/Town/Prov: \_\_\_\_\_  
Do you hold a High School Diploma? \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ City/Town/Prov: \_\_\_\_\_  
High School Transcript attached? Yes  No  Other Academic Documentation \_\_\_\_\_

#### STUDENT CONTACT

Apt.No./Street No./Street \_\_\_\_\_ City Winnipeg or \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

#### Emergency Contact(s)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Student Lives with Yes  No   
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell \_\_\_\_\_

#### Emergency Contact(s)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Student Lives with Yes  No   
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell \_\_\_\_\_

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**MEDICAL INFORMATION**

MB (9 digits) Personal Health ID No: \_\_\_\_\_ (Please provide a copy of Medical card)

Health Concerns/Allergies: \_\_\_\_\_

**Additional Health Concerns** Please indicate (✓) all health care needs that apply to you:

- Anaphylaxis: Life-threatening allergy (student has been 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)
- I am receiving Winnipeg School Division transportation to and from school.

I do 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.

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✎ **STUDENT SIGNATURE:**



**DATE:** \_\_\_\_\_

## Ancestral/Cultural Identification and Language Declaration

*Providing this personal ancestral/cultural information is voluntary and optional. Proceed to IID section if Indigenous.*

What is the student's ancestral or cultural identity (for example, Chinese, Swazi, Filipino, etc.): \_\_\_\_\_

What languages are spoken (student and/or home): \_\_\_\_\_

### Indigenous Identity Declaration (IID)

Your declaration helps School Divisions and Manitoba Education & Training to enhance services and supports for Indigenous students. By declaring, your child (children) receives the appropriate support and programming they may need. Providing Indigenous Identity Declaration (IID) information is voluntary. Information is collected in compliance with the Freedom of Information and Protection of Privacy Act (section 36(1)(b)).

**Student Name:** \_\_\_\_\_

- I am submitting my Indigenous Identity Declaration for the first time.
- I am making changes to my Indigenous Identity Declaration
- I have already submitted my Indigenous Identity Declaration and have no further changes to make at this time.

1. Are you an Indigenous person, that is, First Nation, Métis, or Inuk (Inuit)?

Note: First Nations (North American Indian) include registered/status/treaty and non-status

If "Yes", mark the square(s) that best describe(s) your status:

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

2. Which best describes your Indigenous cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Dene (Sayisi)
- Oji-Cree
- Inuktitut
- Ininiw
- Dakota
- Michif
- Other – please specify: \_\_\_\_\_

**STUDENT SIGNATURE:**



Date \_\_\_\_\_

# APPLICATION MUST BE SIGNED BELOW IN ORDER TO BE PROCESSED

Tec-Voc is a vocational high school with state of the art facilities and programs. Due to the nature of our Broadcasting and Photography programs all school activities and day-to-day school routines are recorded. Most of these images are displayed on TV monitors, photo galleries, short films, events, website and on social media sites for audiences outside of the school. In addition, teachers will be providing live streaming experiences both in real-time or recorded lesson, which may be posted on a learning platform for other students to view.

The Winnipeg School Division shares information by highlighting activities within the school, and acknowledges student work and success in a variety of publications and/or Division organized or sponsored events. Note: Student photographs posted on the school or WSD websites will not identify students by name. Occasionally, students may be asked to be photographed, video taped/recorded or interviewed by the division and/or the media.

By signing below you are providing consent to the following:

▫ **Division Technology use policies** – 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.

▫ **School distributed emails** - I consent to receive electronic communication: newsletters, school updates, teacher emails, and announcements regarding division and school activities, including fundraising and promotions.

Email address \_\_\_\_\_

▫ **School field trips** - I consent to participate in field trips with teachers throughout the school year.

▫ **Publish and/or display student work** - As an adult student, I consent that my photographs, work samples, name, grade, and school may be displayed at Tec-Voc, in various WSD publications, websites, and at events organized or sponsored by the Division.

▫ **Photographs, recordings or interviews** - I consent to being photographed, videotaped/recorded or interviewed regarding school activities.

▫ **Live streaming lessons** – I consent 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 consent for my voice and image to be transmitted and viewed for the purpose of learning activities in the classroom and home environment.

**As an adult student, I have read all of the above and I am providing consent.**

\_\_\_\_\_  
Adult Student Signature (18 years old +)

\_\_\_\_\_  
Date

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE SCHOOL AT 204-786-1401.



# AMMOP application form

*(Any student registering for the AMMOP program)*

## **SECTION 1**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Primary Residence)

Phone No: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
(Day) (Month) (Year)

MET Number: \_\_\_\_\_

## **SECTION 2**

School Requested: TEC-VOC HIGH SCHOOL \_\_\_\_\_

Grade: 12 \_\_\_\_\_

Last school attended: \_\_\_\_\_

Do you hold a Manitoba High School Diploma?: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Have you received any credits since graduating?: \_\_\_\_\_

If yes, how many?: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **SECTION 3**

(To Be Completed By The Principal of the School)

I hereby confirm that space is available

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

## **SECTION 4**

The regulations of the Winnipeg School Division provide that:

1. **Sections 1 and 2 are to be completed by the Student**
2. **Section 3 is to be completed by the School Principal**
3. **The form should then be forwarded to the Enrolment Section of The Winnipeg School Division, 1577 Wall Street, East, Winnipeg, MB, R3E 2S5  
enrolmentsection@wsd1.org**

**FOR ENROLMENT  
SECTION OFFICE USE  
ONLY:**

Student #: \_\_\_\_\_

Program: AMMOP \_\_\_\_\_

Permit Number: \_\_\_\_\_