



Entry Date: _____
Day / Month / Year

STUDENT APPLICATION FOR REGISTRATION & CONSENTS

SCHOOL: TEC-VOC HIGH SCHOOL 2024 - 2025 STUDENT #: _____
GRADE: PH 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: _____ Country of Birth: Canada or _____
Sex: Female Male
Preferred gender (choose one if applicable): Trans Person Two-Spirit Gender non-conforming
Not a Canadian Citizen, please indicate: Date Entered Canada _____ 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 or Legal Guardian

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 or Legal Guardian

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 or Legal Guardian or Other Relationship

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 necessary*

Joint* Mother Father Guardian Agency Other

*Joint Custody is when those parents have a legal custody agreement in place for the student

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 digits) 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 has 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 permit my child to have access to all technologies and Division approved social media within the Winnipeg School Division.

I consent to allow my child to have access to all technologies and social media

I do not consent to allow my child to have access to all technologies and social media

SIGNATURE OF PARENT/GUARDIAN OR ADULT STUDENT:

_____ **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: _____

1. I, _____ (name of parent/guardian, please print clearly):

- Am submitting my child's Indigenous Identity Declaration for the first time.
- Am making changes to my child's Indigenous Identity Declaration
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. Is your child 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 child now:

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

3. Which best describes your child's Indigenous 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 _____

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, websites, and social media sites for audiences outside of the school. In addition, teachers will be providing live streaming experiences both in real-time or recorded lessons, which may be posted on a learning platform for other students to view.

The Winnipeg School Division shares information and communicates with parents/guardians 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, videotaped/recorded, or interviewed by the division and/or the media.

By signing below you are providing consent to the following:

▶ **Permission for 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 _____

1. **Permission for school field trips - I consent** to my child (or myself as an adult student) participating in field trips with teachers throughout the school year. I will be notified of all trips involving my child, including location, method of transportation, and cost.
2. **Permission to publish and/or display student work** - As an adult student or the parent/guardian of a student, **I consent** that my/my child's school work (digital and non-digital), first and last name, grade, and school name (Tec-Voc) may be displayed and/or published at Tec-Voc High School, in various Tec-Voc and/or WSD publications, on Tec-Voc and/or WSD websites, on Tec-Voc and/or WSD social media accounts or at events organized or sponsored by the Division.
3. **Permission to be photographed, videotaped/recorded or interviewed** - As an adult student or the parent/guardian of a student, **I consent** to myself/my child being photographed, video/voice recorded or interviewed as part of, or a supplement to, school-based activities and have those photograph(s), video/voice recording(s) or interview(s) be displayed and/or published at Tec-Voc High School, in various Tec-Voc and/or WSD publications, on Tec-Voc and/or WSD websites, on Tec-Voc and/or WSD social media accounts or at events organized or sponsored by the Division.
Recording means a visual, audio, pictorial, or digital representation and includes a photograph, film, video, audio, digital image, sketch, or any other type of recording that identifies individuals.
4. **Permission to participate in live streaming lessons – I consent** to my child 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 child's voice and image to be transmitted and viewed for learning activities in the classroom and home environment.

As the parent/guardian of the student, I have read all of the above and I am providing consent.

Parent/Guardian Signature

Student Signature

Date

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.



TEC-VOC POST-HIGH APPLICATION FORM

2024 - 2025



Place a checkmark (✓) in the space following the Technical Vocational program you are applying for.

ADMINISTRATIVE ASSISTANT	BCOR3S	
ADVERTISING – GRAPHIC DESIGN	GD000V30 / 40	
AEROSPACE MACHINING	MT000V30 / 40	
A.M.M.O.P (Aerospace Manufacturing & Maintenance Orientation Program)	AMOV40	
To register in the AEROSPACE MACHINING or A.M.M.O.P. program please contact: Mrs. Tracy Darbyshire – 204.786.1401 EXT 586 – tdarbyshire@wsd1.org		
AUTOMOTIVE TECHNOLOGY	AT00V30 / 40	
BAKING AND PASTRY ARTS	PA000V30 / 40	
BROADCASTING AND MEDIA ARTS	BM000V30 / 40	
CARPENTRY	CA000V30 / 40	
CULINARY ARTS	CU000V30 / 40	
DENTAL ASSISTING	DEAV30 / 40	
DENTAL TECHNOLOGY	DETV30 / 40	
DESIGN DRAFTING	DD000V30 / 40	
ELECTRICAL TRADES TECHNOLOGY	EL000V30 / 40	
ELECTRONICS	ET000V30 / 40	
ESTHETICS – NAIL TECHNICIAN CERTIFICATION (4 Credits – 2 periods of classes per day all year)	ES064V2S / ES065V3S ES066V40 / ES067V40	
GRAPHIC COMMUNICATIONS & PRINT TECHNOLOGY	PM000V30 / 40	
INTERACTIVE DIGITAL MEDIA	DM000V30 / 40	
NETWORK SUPPORT TECHNICIAN	NTCV00	
PROFESSIONAL PHOTOGRAPHY	PH000V30 / 40	
WELDING TECHNOLOGY	WT000V30 / 40	

Completing this application does not guarantee acceptance into the program. If you live outside of the Winnipeg School Division, these post-high programs will incur fees.

A transcript of marks must accompany this application.

☛ **Signature:** _____ **Date:** _____

(A parent/guardian signature required, if under 18 years of age.)