

**WINNIPEG ADULT EDUCATION CENTRE**

Part 1 of 3

310 Vaughan Street  
Winnipeg, Manitoba R3B 2N8  
Telephone 204-947-1674

**2021-2022**

**Legal** Last Name: \_\_\_\_\_ Birth Date 

Day	Month	Year
-----	-------	------

 Verified   
First Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Gender Non Conforming: \_\_\_\_\_  
Maiden/Previous Name: \_\_\_\_\_ Trans Gender: \_\_\_\_\_  
Known By Name: \_\_\_\_\_ Two Spirit: \_\_\_\_\_

**Status:**  Canadian  Permanent Resident  Refugee  Work/Student Visa UCI Number: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  Government Assisted Refugee  Privately Sponsored Refugee  
Date Entered Canada: \_\_\_\_\_  
Day Month Year  
Have you ever attended a school in Manitoba? **Yes**  **No**   
Last School Attended: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Year: \_\_\_\_\_

**STUDENT ADDRESS:**

Full Address: \_\_\_\_\_ City of Winnipeg  or \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Personal Health ID Number (9 digit number) : \_\_\_\_\_

Please check one: (if applicable)

- Asthma**—and carry a prescribed reliever medication
- Anaphylaxis**—and carry a prescribed adrendaline auto injector
- Other**— bleeding disorder, cardiac condition, diabetes, seizure disorder

**Have you graduated from a Canadian High School and received a grade 12 diploma?**  
(If no, please leave blank)

Yes \_\_\_\_\_  
Graduation Year School Attended Province

**\*\*If yes, Graduation Transcript will need to be provided\*\***

**STUDENT SIGNATURE:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>		WSD Student # _____	
		MET # _____	
Entry date _____	Proof of Residency _____	Schools of Choice? Yes _____	No _____
Isbister _____	ALC _____	Malti _____	Grade Level _____ EAL: <u>S1</u> S2 S3 S4

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: (please print)** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**PART ONE: Informed Consent-Students**

**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:** Videos 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 the 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 the 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 son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.
- I DO NOT CONSENT** to my son/daughter (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.

Email address: \_\_\_\_\_ (please print clearly)

- 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.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART TWO: Application for the Use of the Online Information Resources, Winnipeg School Division**

I understand and abide by the Winnipeg School 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.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This personal information is being collected under the authority of The Public Schools Act for school related purposes. It is protected by the Protection of Privacy provision of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, please contact the principal of the school.  
 Please note: Should circumstances change during the school year, you may change your consent at any time by contacting the school principal in writing.

**Aboriginal Identity Declaration EIS Data Collection**

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Advanced Learning 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.

1. I, \_\_\_\_\_, (name of student, please print clearly):
- Am making changes to my Aboriginal Identity Declaration.
  - Already submitted my Aboriginal Identity Declaration and have no further changes to make at this time.

2. Are you 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) you now:

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

3. If item 2 is "Yes", which best describes your Aboriginal cultural-linguistic identity? Please select up to two choices:

- |  |  |
|--|--|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Ininiw                      |
| <input type="checkbox"/> Dene (Sayisi)                   | <input type="checkbox"/> Dakota                      |
| <input type="checkbox"/> Oji-Cree                        | <input type="checkbox"/> Michif                      |
| <input type="checkbox"/> Inuktitut                       | <input type="checkbox"/> Other-please specify: _____ |

For more information about Aboriginal Identity Declaration, please contact:

Aboriginal Education Directorate  
 Murdo Scribe Centre  
 510 Selkirk Avenue  
 Telephone: 204-945-7886 (Toll Free: 1-800-282-8069 ext. 7886) Fax: 204-948-2010  
 Email: richard.perrault@gov.mb.ca  
 Or visit the website at: <http://www.edu.gov.mb.ca/aed/abidentity.html>



**Ancestral/Cultural Identification and Languages Declaration**

Providing this personal information is voluntary and optional. If you are not an Aboriginal person, what is your ancestral or cultural identity? Or what other ancestral or cultural identities do you have? For example, Chinese, Swazi, Filipino, etc.

\_\_\_\_\_

What language(s) other than English are spoken at home? (e.g. French, Cree, Cantonese)

\_\_\_\_\_

\_\_\_\_\_

Student Name (please print) \_\_\_\_\_

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

Please complete and return this form to your school office

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. If you have any questions regarding the collection of personal information, please contact the school principal.