



**STUDENT APPLICATION FOR REGISTRATION & CONSENTS**

SCHOOL: Champlain School STUDENT #: \_\_\_\_\_  
 GRADE: \_\_\_\_\_ 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   
 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 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 \_\_\_\_\_

**Day Care**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Winnipeg, MB Postal Code \_\_\_\_\_

**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:**

(day/month/year)


## 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 \_\_\_\_\_  
(day/month/year)

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

### 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 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.
- 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: \_\_\_\_\_

(day/month/year)

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.

# WINNIPEG SCHOOL DIVISION LIVE STREAMING STUDENT PERMISSION FORM

In the 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 \_\_\_\_\_