

# **Westwood Collegiate**

360 Rouge Road Winnipeg, Manitoba R3K 1K3

Phone: 204-888-7650 Fax: 204-889-0802

| Date Received   |
|-----------------|
| File Requested: |

# **STUDENT REGISTRATION 2017-2018**

<u>NOTICE</u>: This registration form is to be completed by the parent/guardian. Providing false, misleading or incomplete information in this application will constitute just cause for possible withdrawal from school.

| REGISTRATION                         | INFORMATION              | 1                            |                             |                          |                                      |
|--------------------------------------|--------------------------|------------------------------|-----------------------------|--------------------------|--------------------------------------|
| You are enrolling                    | your child in Gr         | ade: 9 10 1                  | 1 12 (Please circle         | one)                     |                                      |
| Previous School                      | Attended:                |                              |                             | P                        | revious Grade:                       |
| Has your child re                    | ceived a high sc         | hool diploma? 🗆 Y            | es - Year of graduati       | on □ No                  |                                      |
| STUDENT INFO                         | RMATION                  |                              |                             |                          |                                      |
| LEGAL NAME:<br>(On Birth Certificate | e) Last                  | Name                         | /First Nam                  | //<br>ne                 | Middle Name                          |
| I agree to provide a                 | birth certificate for th | e child (if not previously : | submitted) and two official | documents with the curre | nt address of the legal guardian(s). |
| Preferred First N                    | Name:                    |                              | Gender: □ M                 | ☐ F Birth Date:          | //                                   |
| Home Phone Nu                        | ımber:                   |                              | Student Cell Nu             | mber (if applicable): _  |                                      |
| Mailing Address                      | S:                       |                              | /                           | /                        | //<br>nce Postal Code                |
|                                      | ;                        | Street/Apt #                 | City                        | Provin                   | ice Postal Code                      |
| If your current sc                   | hool is not in St.       | James-Assiniboia,            | have you ever attend        | ed school in Manitob     | a? □ Yes □ No                        |
| If yes, name of se                   | chool:                   |                              | Mani                        | itoba Education (ME      | T) #:                                |
| Student Social In                    | surance Numbe            | r:                           |                             |                          |                                      |
| FAMILY INFORM                        | MATION                   |                              |                             |                          |                                      |
| Legal Custody (                      | <u>if applicable</u> -   | as appointed by t            | he Court of Queen's         | Bench):                  |                                      |
| □ Joint                              | ☐ Mother                 | ☐ Father                     | ☐ Guardian                  | ☐ Child and              | Family Services                      |
| Name of person                       | ı(s) who has (ha         | ive) legal custody:          |                             |                          |                                      |
| If joint custody, w                  | vho has primary          | care and control:            |                             |                          |                                      |
| Legal documenta                      | ation provided (c        | ourt orders, restrain        | ing orders, etc.) □ Ye      | es □ No                  |                                      |
| Other Related Inf                    | formation:               |                              |                             |                          |                                      |
| In Care of CFS (a                    | agency name, w           | orker, telephone, etc        | c):                         |                          |                                      |
| Parent Name:                         |                          |                              | Relati                      | onship to Student: _     |                                      |
| Address (if differen                 | nt from above):          |                              | City:                       | Posta                    | al Code:                             |
| Home Phone:                          |                          | Cell Phone                   | ·                           | Email:                   |                                      |
| Name of Employ                       | er:                      |                              | Work Phone:                 |                          |                                      |
| Phone number vo                      | ou would like us         | ed as the main conta         | act number:                 |                          |                                      |

| Parent Name:       |                  |                         | Relationship to Student: |              |              |            |  |
|--------------------|------------------|-------------------------|--------------------------|--------------|--------------|------------|--|
| Address (if        | different from a | bove):                  |                          | C            | ity:         |            | Postal Code:   |
| Home Phor          | ne:              | Cell                    | Phone:                   |              |              | En         | nail:  |
| Name of Er         | mployer:         |                         |                          | Work Ph      | none:        | ·          |  |
| Phone num          | ber you wo       | uld like used as the ma | in contact               | number:      |              |            |  |
|                    |                  |                         |                          |              |              |            | p to Student:  |
|                    |                  |                         |                          |              |              |            |  |
|                    |                  |                         |                          |              |              |            | Postal Code:   |
|                    |                  |                         |                          |              |              |            | nail:  |
| Name of Er         | mployer:         |                         |                          | Work Ph      | one:         |            | <del></del>  |
| Phone num          | ber you wo       | uld like used as the ma | in contact               | number:      |              |            |  |
| Siblings:          | Name:            |                         | Age:                     |              | Grade: _     | S          | chool:   |
|                    | Name:            |                         | Age:                     |              | Grade: _     | S          | chool:   |
|                    | Name:            |                         | Age:                     |              | Grade: _     | S          | chool:   |
|                    | Name:            |                         | Age:                     |              | Grade: _     | S          | chool:   |
|                    | INFORMAT         |                         |                          |              |              |            |  |
| Manitoba H         | lealth # (9-D    | Digit):                 |                          |              |              |            |  |
| Doctor's Na        | ame:             |                         |                          |              |              | Doc        | tor's #:   |
| Does your          | child have a     | ccident insurance?      | Yes □ N                  | o Insura     | ance Co.     | Name: _    |  |
| ·                  |                  | are aware of any medic  |                          |              | going pre    | escribed n | nedications.   |
| •                  |                  | eds - Please check all  | ,                        |              |              |            |  |
|                    | -                | n-going prescribed me   |                          |              |              | Specify:   | (Administration of Prescribed Medication Form must be completed) |
| •                  |                  | during school hours:    | ☐ Home                   |              | □ Sch        |            |  |
| Allergies          | ☐ Yes            | □ No                    | EpiPen                   | ☐ Yes        | □ No         | Allergic   | to:  |
| Asthma<br>Diabetes | □ Yes<br>□ Yes   | □ No<br>□ No            | Inhaler<br>Seizures      | ☐ Yes        | □ No<br>□ No |            |  |
| Hearing            | □ Yes            | □ No                    | Vision                   | □ Yes        |              |            |  |
| •                  |                  | cify:                   |                          |              |              |            |  |
|                    | •                | erns regarding your chi |                          |              | guage?       | ☐ Yes      | □ No   |
| •                  | •                | a URIS file?            | а с сросс                | ir aria iari | guugo.       | □ Yes      | □ No   |
| If you answ        | ered yes to      |                         |                          |              |              | S file, wo | uld you like your ☐ Yes ☐ No                                     |
|                    |                  | ic Alert Member ID nur  |                          | •            | •            |            | •  |

## **EMERGENCY CONTACT INFORMATION** We request that you provide us with the names and phone numbers of at least two contacts, other than yourself (a step-parent, relative, friend, or neighbor), in case we are unable to contact you: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Contact Name: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Contact Name: Relationship to Student: Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Ext. \_\_\_\_ CATCHMENT Do you live in this school's catchment area? ☐ Yes ☐ No If no, what is your catchment school? If no, why did you choose to register at this school instead of your catchment area school? ☐ Childcare Arrangements/Convenience ☐ Programs Offered ☐ Dissatisfaction/disagreement with staff ☐ Student Preference for Social Reasons ☐ Discipline Issues ☐ Class Size ☐ Other:

## USE OF PHONE NUMBER AND EMAIL

| □ Yes | □ No | I give permission to the school to give my phone number and/or email address to school parel               |
|-------|------|--|
|       |      | organizations so that I may be contacted for special functions that are carried out by these organizations |

☐ Yes ☐ No **Canada Anti-Spam Legislation:** I consent to receive email in the form of newsletters, school updates, and announcements regarding division and school activities, including fundraising and promotions.

Note: Special announcements and events are also broadcast using the divisional Synrevoice telephone system.

#### ATTENDANCE AND BEHAVIOUR POLICIES

All students and parents are responsible for ensuring that they are familiar with and comply with the Schools' Attendance and Behaviour Policies. Copies of the policies are available in the school office and will be distributed at the beginning of the year.

### POWERSCHOOL PORTAL (Applies to Grades 7 to 12 Only)

The PowerSchool Portal provides parents access to school announcements, real-time attendance information, and most importantly, student grades. Parents can log into a secure and private web portal where they can view detailed assessment reports of their child's progress in their classes. Parents also have the option of having attendance and/or grade reports automatically emailed to them at regular intervals throughout the year. The school will provide the necessary login information to parents at the beginning of the school year.

#### **BUSSING NOTICE (Applies to Grades 7 to 12 Only)**

Transportation for Grade 7 to 12 students is on a **purchase seat** and availability basis. An application is to be filled out, accompanied by 10 postdated cheques (September 1<sup>st</sup> to June 1<sup>st</sup>) made payable to the school your child will be attending. The cost is \$44/month for both ways or \$22/month for one-way. If there is more than one child riding, the second child (and all subsequent children) ride for half the amount that the first child is paying. Application forms for bussing may be picked up from the school office.

#### **FAMILY LIFE (Potentially Sensitive Content)**

**IHAE-E-2** 

The Kindergarten to Grade 12 Physical Education/Health Education curriculum is mandated by Manitoba Education. Content related to substance use and abuse, personal safety and human sexuality is considered potentially sensitive.

Potentially sensitive content must be treated in ways that are appropriate for the local school and community context. Manitoba Education recognizes that the prime responsibility for education about issues of sexuality, including HIV/AIDS, rests with the family. It is clear to parents, teachers, and community health leaders that young people must have knowledge, skills, guidance and support if they are to make responsible and health-enhancing decisions.

In accordance with this, the option is available for parents of students at all grade levels to decide whether the student should receive school-based delivery of potentially sensitive content <u>or</u> delivery in an alternative setting of their choosing. Parents will be notified of the start date and topics to be covered prior to the program delivery.

| Yes, I give my child permission to receive school-based delivery of the potentially sensitive content as outlined in the |
|--|
| Physical Education/Health Education Curriculum.  |

| No, I prefer that my child receive delivery of the potentially sensitive content as outlined in the Physical Education/Health |
|---|
| Education Curriculum in an alternative setting. I understand that I am responsible for ensuring the delivery of the           |
| potentially sensitive content. Resources and curriculum materials are available through your school or on the Manitoba        |
| Education website at http://www.edu.gov.mb.ca/ks4/cur/physhlth/curriculum.html  |

| Parent/Guardian Signature: | Date | <del>)</del> : | <i>I</i> | /    |
|----------------------------|------|----------------|----------|------|
|                            |      | mm             | dd       | уууу |

#### PARENT/GUARDIAN AND STUDENT CONSENT FOR SEARCH & USE OF LOCKER

JIHA-E-1

Lockers, cupboards, desks and any other storage areas are the property of the St. James-Assiniboia School Division and as such the Division reserves the right to inspect the contents of these areas at any time. School administrators have the authority to conduct an inspection of these areas, locked or unlocked, whenever they have reasonable grounds to believe a school or division regulation, rule or discipline has been breached or a violation of the law has occurred and the search will reveal evidence of that breach or violation.

Students should consider whether they wish to keep items of a private nature in the locker.

Both parent/guardian and student must sign the Parent/Guardian and Student Consent for Search form at the time of registration in accordance with Policy JIHA, JIHA-R (Search of Student Desks, Lockers, Storage Areas, Student Effects and Student Driven Vehicles).

I have read, understand and agree with the above.

| Student Signature:         | _ Date: |    | /        | /        |
|----------------------------|---------|----|----------|----------|
|                            |         | mm | dd       | уууу     |
| Parent/Guardian Signature: | _ Date: |    | <i>I</i> | <i>_</i> |
|                            |         | mm | dd       | уууу     |

Note: Parents will be asked annually to sign off on JIHA-E-1 on the School Registration Form.

#### INTERNET USE PARENT ADVISORY

IJNDC-E-1

The St. James-Assiniboia School Division strongly believes that technology and access to the internet are valuable resources that teachers will use as a means to extend and enhance the learning experiences in the classroom. As such, you may expect your child to have regular access to the technology available in their school and in turn, access to the internet.

Additionally, all St. James-Assiniboia students will be supplied with a Division managed Office 365 account providing them with an email address, cloud based document storage and a set of productivity and collaboration tools that can be used at school and at home.

These resources are being provided to students with the understanding that they will be used for educational purposes only and all such use will abide by the following Division policies:

- Acceptable Student Use of Digital Technologies and Electronic Communications (Policy IJNDC and Regulation IJNDC-R)
- Student Use of Social Media (Exhibit: IJNDC-E-2)
- Student Conduct (Policy JK)

#### STUDENT ACCEPTABLE USE AGREEMENT

IJNDC-E-1

I have read, or will ensure that I read, and agree to comply with the Division policies (IJNDC, IJNDC-R, IJNDC-E-2, JK) regarding my responsibilities as a St. James-Assiniboia School Division student as they pertain to my use of Information Technology. I understand and agree that access to technology as provided by the School Division is to be used for educational purposes only.

| School:                              |  |           |
|--------------------------------------|--|-----------|
| Student Name: (Print)                | Grade:   |           |
|                                      | ave read, or will ensure that I read, and agree to su<br>-R, IJNDC-E-2, JK) <i>(Parent or guardian signature r</i> |           |
| Name of Parent or Guardian: (Print): |  |           |
| Student Signature:                   | Date:  |           |
| Parent/Guardian Signature:           | Date:  | <b>//</b> |

Note: Parents and/or students will be asked annually to sign off on Section B of IJNDC-E1 on the School Registration Form. For students who turn 18 years of age during the school year, the school will ensure that the student signs a new media release prior to their 18th birthday.

#### **PRINT & DIGITAL MEDIA RELEASE FORM**

**IJNDC-E-1** 

The St. James-Assiniboia School Division recognizes that print media, digital media and the internet provide an ideal means to showcase, celebrate and promote school and Divisional activities and share student work with other students, parents/guardians, staff and the global community.

At the same time, however, the Division remains committed to protecting the privacy and safety of all students. For this reason, the Division has established a protocol for the publication, broadcast and distribution of print and digital media under regulation IJNDBA-R and policy IJNDBA.

The School Division requires parent/guardian consent for the use of their child's photograph, video or audio recording, samples of their child's work and the use of their child's name under the circumstances detailed below.

- 1. Use of Student Photograph and Name in Print and/or Digital School Yearbook\*
  - Student photographs may appear in print or digital versions of the school yearbook.
  - Video and/or audio recordings of students may appear in digital versions of the school yearbook.
  - Students may be identified by first and last name in print or digital versions of the school yearbook.
- \* The term School Yearbook may also include any similar print or multimedia "school souvenir" collection to be distributed to the student body or a smaller group thereof.
- 2. Publication of Student Photos, Student Work Samples, Video /Audio Recordings and Use of Student Names

For the purposes of highlighting and celebrating events and activities in the school, student photographs and samples of student work may appear:

- in the printed version of the school newsletter.
- in any printed promotional material for the School Division. (i.e. CONTACT, Division Calendars, Division brochures)
- in the local community or city newspaper. (i.e. Metro One, Winnipeg Free Press, Winnipeg Sun)
- in the online version of the school newsletter which is posted to the school website.
- on publicly accessible School Division managed online sites which would include:
  - o the School Division website;
  - o school websites;
  - teacher websites;
  - teacher blogs;
  - School Division, school and teacher social media feeds (i.e. Facebook, Instagram and Twitter).

Video and/or audio recordings of student activities or events may appear:

- in any multimedia promotional material for the School Division.
- on publicly accessible School Division managed websites and/or social media feeds which would include:

- o the School Division website;
- School websites;
- o teacher websites;
- o teacher blogs;
- o School Division, school and teacher social media feeds (i.e. Facebook, Instagram and Twitter);
- on television and/or radio broadcasts. (i.e. CJOB, CBC, CTV)

NOTE: At times, schools may choose to stream public events such as sports games, awards ceremonies or music concerts to the internet. As these events are public in nature, privacy legislation does not require the School Division to obtain parental consent to stream the event. The school will advise parents, however, when such events are being streamed to the internet.

**Publication of Student Names** 

Students will only be identified by first name in any of publishing formats described above. In cases where a student is being recognized for a local, provincial and/or national award, both first and last names may be used.

### **Media Release Form Signatures**

Please indicate your media release preferences and sign below. If you have any questions or require clarification related to the media release, please speak with your school administrator.

| 1. <u>Perm</u> | ission for School Yearbook Us   | <u>e</u>  |                                     |         |         |                |  |
|----------------|---|---|-------------------------------------|---------|---------|----------------|--|
|                | ☐ <b>YES, I DO</b> grant the St. James-Assiniboia School Division permission to publish and distribute my child's (or my) photograph or video/audio recording in the print or digital version of the school yearbook. |   |                                     |         |         |                |  |
|                |   | e St. James-Assiniboia School Division permis   | -                                   |         |         | : my           |  |
| 2. <u>Perm</u> | ission for All Other Media Use  |   |                                     |         |         |                |  |
|                | to publish my child's (or my) pl<br>guidelines detailed above.  NO, I DO NOT grant the St. Ja   | ames-Assiniboia School Division, and other me<br>hotograph, work samples, video and or audio<br>ames-Assiniboia School Division, and other media<br>graph, work samples, video and or audio recording | recordings and<br>outlets as descri | name as | s per t | the<br>n to    |  |
| Name o         | f Student (Print):  | (For students 18 years of age or older only)  | -                                   |         |         |                |  |
| Studen         | t Signature:  | (For students 18 years of age or older only)  | Date: _                             |         | dd      | <b>_/</b> уууу |  |
| Name o         | f Parent or Guardian (Print):   | (Required for students less than 18 years of age)   |                                     |         |         |                |  |
| Parent/        | Guardian Signature:   | (Required for students less than 18 years of age)   | Date: _                             |         | dd      | <b>_/</b>      |  |

Note: Once dated and signed, this form shall remain in effect for the current school year or until consent is revoked. You may, at any time, amend this form by notifying (in writing) the school principal of the change. Consent of parents/guardians may be withdrawn at any time.

### **ABORIGINAL IDENTITY DECLARATION**

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.)

| 1. I, (name of parent/ <sub>1</sub> □ Am submitting my child's Aboriginal Identity Declaration for □ Am making changes to my child's Aboriginal Identity Declar □ Already submitted my child's Aboriginal Identity Declaration | the first time ration                               |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| . Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? Note: First lations (North American Indian) include Status and Non-Status Indians                                 |   |  |  |  |  |  |  |
| If "Yes", mark the square(s) that best describe(s) your child now:   |   |  |  |  |  |  |  |
| <ul><li>☐ Yes, First Nation (North American Indian)</li><li>☐ Yes, Métis</li><li>☐ Yes, Inuk (Inuit)</li></ul>   |   |  |  |  |  |  |  |
| 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) |  |  |  |  |  |  |
| For more information about Aboriginal Identity Declaration, pleas  | e contact:  |  |  |  |  |  |  |
| Aboriginal Education Directorate 510 Selkirk Avenue Telephone: 204-945-7886 Fax: 204-948-2010 Or visit the website at: <a href="http://www.edu.gov.mb.ca/aed/abident">http://www.edu.gov.mb.ca/aed/abident</a>                 | <u>ity.html</u>                                     |  |  |  |  |  |  |
| Parent/Guardian Signature:   | Date://   |  |  |  |  |  |  |

The personal information is being collected under the authority of The Public Schools Act and the Education Administration Act for school division student registration purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Privacy Act, and the Personal Health Information Act. If you have any questions or concerns about the collection of this information, contact the Access and Privacy Officer at the St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, telephone: 204-888-7951.