



Entry Date: _____
Day / Month / Year

STUDENT APPLICATION FOR REGISTRATION & CONSENTS

SCHOOL: TEC-VOC HIGH SCHOOL 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 _____

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:** _____

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 _____

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 and on social media sites. Special occasions, such as the W.I.T. Tournament and Convocation, are streamed through our website for audiences outside of the school.

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, video taped/recorded or interviewed by the division and/or the media.

By signing below you are providing consent to the following:

P 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 _____

P 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.

P 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 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.

P Permission to be photographed, video taped/recorded or interviewed - I consent to my child (or myself as an adult student) being photographed, videotaped/recorded or interviewed regarding school activities.

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 TECHNICAL APPLICATION FORM 2020 - 2021

NAME: _____

Current or last school attended: _____

Winnipeg School Division Student Number: _____ MET Number: _____

Graduation year: _____

TECHNICAL PROGRAMS: PLEASE SEE STUDENT HANDBOOK FOR COURSE DESCRIPTIONS. Place a check mark (✓) in the space following the program you are applying for.

ADMINISTRATIVE ASSISTANT	BCOR3S	_____
ADVERTISING – GRAPHIC DESIGN	GD000V30/40	_____
A.M.M.O.P. (Aerospace Manufacturing & Maintenance Orientation Program)	AMOV40	_____
AUTOMOTIVE TECHNOLOGY	AT000V30/40	_____
BAKING AND PASTRY ARTS	PA000V30/40	_____
BROADCASTING AND MEDIA ARTS	BM000V30/40	_____
CARPENTRY	CA000V30/40	_____
CHILD CARE	CHCV30/40	_____
CULINARY ARTS	CU000V30/40	_____
DENTAL ASSISTING	DEAV30/40	_____
DENTAL TECHNOLOGY	DETV30/40	_____
DESIGN DRAFTING	DD000V30/40	_____
ELECTRICAL TRADES TECHNOLOGY	EL000V30/40	_____
ELECTRONICS	ET000V30/40	_____
GRAPHIC COMMUNICATIONS & PRINT TECHNOLOGY	PM000V30/40	_____
INNOVATIVE MANUFACTURING TECHNOLOGY	MT000V30/40	_____
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 and record of attendance must accompany this application if you are not a graduate of a Winnipeg School Division High School.

Signature: _____ Date: _____

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