

**Documents required to register at Vincent Massey High School**

- Proof of Brandon residence. One of the following documents may be used:
  - Parent / Guardian's Driver's Licence
  - Most recent Property Tax Statement
  - Current Tenancy Agreement
  
- Proof of Legal Name and Age from one of the following:
  - Birth Certificate
  - Passport
  - Landed Immigrant Documentation
  - Permanent Residency Documentation
  
- Transcript of marks from previous school





# KINDERGARTEN to GRADE 12 REGISTRATION FORM

## Brandon School Division

### PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

Before a student is registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian. Registration will not be permitted until all necessary documentation has been provided. This form is used to enroll a student who is new to Brandon School Division, transferring schools within Brandon School Division, or is returning to the Division.

#### Office Use Only

MET #  School   
Grade  Homeroom  First Day of School  Student Number

### STUDENT INFORMATION

Registering for grade:

Student's Legal Last Name

Student's Legal First Name

Student's Legal Middle Name

Preferred Last Name

Preferred First Name

Date of Birth (MM/DD/YYYY)

Gender ☐ M ☐ F

MB PHIN # (9-digit Manitoba Health number)

Student's Address (Residence – Apartment, House, Street Name)

Address

City

Province

Postal Code

Mailing Address (if different than student's residence – mail from school will be sent to this address – E.g. Site #, Box #, RR #)

Address

City

Province

Postal Code

Rural Civic Number (blue sign end of lane)

Legal Road Number

Community Name

Rural addresses must list the civic number, legal road number/name and community name. E.g. 123456 Rd 22 Souris Glenwood

Student Home Phone (with area code)

Student Cell Phone (with area code) Over 18 years only

Is English the student's first language?

☐ Yes ☐ No

Primary language spoken at home if NOT English?

Birth Country, if NOT Canada

### SCHOOL HISTORY

Has the student registered at a Brandon School in the past? ☐ Yes ☐ No If yes, which school?

Last school attended in Manitoba: \_\_\_\_\_

Last school attended outside Manitoba: \_\_\_\_\_

Date of last attendance: \_\_\_\_\_

Date of last attendance: \_\_\_\_\_

Is the student a high school graduate? ☐ Yes ☐ No If yes, from which school/city/province?

#### Office Use Only – Registration Verification

#### Approved Documents

Initial - copy  
received

Initial – added  
to student file

- Parent/guardian may present any of the approved documents to verify student's **Legal Names**, and **Date of Birth**.
- Establish **Guardianship** through an approved document that lists the parent/guardian as the custodial parent.
- Establish **Proof of Residence** via the custodial parent's driver's license, most recent property tax statement, or current tenancy agreement.

Birth Certificate

Baptismal Certificate

Landed Immigrant card

Passport / Permanent Resident document

Certificate of Live Birth

Manitoba Health Card (interim document)

Other:

Proof of Residence

Additional Notes:

## PARENT/LEGAL GUARDIAN INFORMATION

Is child currently in CFS Care? ☐ Yes ☐ No If yes, ensure that this document is accompanied by the Child in Care Form.  
As the legal guardian, the CEO of the Child in Care Agency must sign this registration document.

|                                                                                                                            |                                                                                                                                                                                                     |                                                                                                                |                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| CUSTODY                                                                                                                    | Are there any custody documents related to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide a copy of the legal document.                                    |                                                                                                                | OFFICE USE<br>Initial - copy of legal document received                                                                                            |
|                                                                                                                            | <b>FAMILY CIRCUMSTANCES</b><br>Are there any family circumstances about which you wish the school to be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please describe. |                                                                                                                |                                                                                                                                                    |
| Priority One Contact<br>Parent / Legal Guardian                                                                            | I am a legal guardian of this student <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                      |                                                                                                                | Relationship <input type="checkbox"/> mother <input type="checkbox"/> father OR <input type="checkbox"/> legal guardian                            |
|                                                                                                                            | Name (Last, First)                                                                                                                                                                                  |                                                                                                                |                                                                                                                                                    |
|                                                                                                                            | Address (if different from student)                                                                                                                                                                 |                                                                                                                | Does the student reside with this individual? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No    |
|                                                                                                                            | Address                                                                                                                                                                                             | City                                                                                                           | Province Postal Code                                                                                                                               |
|                                                                                                                            | Home Phone (with area code)                                                                                                                                                                         | Business Phone (with area code)                                                                                | Place of Employment                                                                                                                                |
|                                                                                                                            | Cell Phone (with area code)                                                                                                                                                                         | Email                                                                                                          | Contact may pick up student from school<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
|                                                                                                                            | Call in case of Emergency<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                               | Contact receives attendance calls for this student<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                    |
| Priority Two Contact<br>Parent / Legal Guardian                                                                            | I am a legal guardian of this student <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                      |                                                                                                                | Relationship <input type="checkbox"/> mother <input type="checkbox"/> father or <input type="checkbox"/> legal guardian                            |
|                                                                                                                            | Name (Last, First)                                                                                                                                                                                  |                                                                                                                |                                                                                                                                                    |
|                                                                                                                            | Address (if different from student)                                                                                                                                                                 |                                                                                                                | Does the student reside with this individual? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No    |
|                                                                                                                            | Address                                                                                                                                                                                             | City                                                                                                           | Province Postal Code                                                                                                                               |
|                                                                                                                            | Home Phone (with area code)                                                                                                                                                                         | Business Phone (with area code)                                                                                | Place of Employment                                                                                                                                |
|                                                                                                                            | Cell Phone (with area code)                                                                                                                                                                         | Email                                                                                                          | Contact may pick up student from school<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
|                                                                                                                            | Call in case of Emergency<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                               | Contact receives attendance calls for this student<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                    |
| <b>EMERGENCY CONTACTS</b> A LOCAL contact who may be contacted if the student's priority 1 and 2 contacts are unavailable. |                                                                                                                                                                                                     |                                                                                                                |                                                                                                                                                    |
| Priority Three Contact -<br>Other Relevant Adult                                                                           | Relationship to Student                                                                                                                                                                             |                                                                                                                |                                                                                                                                                    |
|                                                                                                                            | Name (Last, First)                                                                                                                                                                                  |                                                                                                                | Does the student reside with this individual?<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No |
|                                                                                                                            | Home Phone (with area code)                                                                                                                                                                         | Business Phone (with area code)                                                                                | Cell Phone (with area code)                                                                                                                        |
|                                                                                                                            | Email                                                                                                                                                                                               | Contact may pick up student from school<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                                                                                                                                                    |

| EMERGENCY CONTACTS                              |                                                                                       |                                                                                                     |                                                                                                                                                    | A LOCAL contact who may be contacted if the student's priority 1 and 2 contacts are unavailable. |  |
|-------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
| Priority Four Contact -<br>Other Relevant Adult | Relationship to Student                                                               |                                                                                                     |                                                                                                                                                    |                                                                                                  |  |
|                                                 | Name (Last, First)                                                                    |                                                                                                     | Does the student reside with this individual?<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No |                                                                                                  |  |
|                                                 | Home Phone (with area code)                                                           | Business Phone (with area code)                                                                     |                                                                                                                                                    | Cell Phone (with area code)                                                                      |  |
|                                                 | Email                                                                                 | Contact may pick up student from school<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                    |                                                                                                  |  |
| Child Care<br>Contact                           | Name (Last, First)                                                                    |                                                                                                     | Address<br><div>AddressCity</div>                                                                                                                  |                                                                                                  |  |
|                                                 | Home Phone (with area code)                                                           |                                                                                                     | Cell Phone (with area code)                                                                                                                        |                                                                                                  |  |
|                                                 | Contact in case of Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                     | Contact may pick up student from school <input type="checkbox"/> Yes <input type="checkbox"/> No                                                   |                                                                                                  |  |
| SIBLING INFORMATION                             | Sibling Name<br>(school age siblings)                                                 | Gender                                                                                              | Date of Birth<br>(MM/DD/YYYY)                                                                                                                      | School/Grade Attending                                                                           |  |
|                                                 |                                                                                       |                                                                                                     |                                                                                                                                                    |                                                                                                  |  |
|                                                 |                                                                                       |                                                                                                     |                                                                                                                                                    |                                                                                                  |  |
|                                                 |                                                                                       |                                                                                                     |                                                                                                                                                    |                                                                                                  |  |
|                                                 |                                                                                       |                                                                                                     |                                                                                                                                                    |                                                                                                  |  |
|                                                 |                                                                                       |                                                                                                     |                                                                                                                                                    |                                                                                                  |  |

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# INDIGENOUS IDENTITY DECLARATION

**IMPORTANT:** This form should not be completed in your web browser. To use all features of the form:

1. Right-click the link and select **"Save link as"** to download it to your computer.
2. Open the file using **Adobe Acrobat Reader**. You can download Adobe Acrobat Reader for free at [get.adobe.com/reader/](http://get.adobe.com/reader/)

**INDIGENOUS IDENTITY DECLARATION HELPS TO SUPPORT THE EFFORTS OF MANITOBA EDUCATION AND EARLY CHILDHOOD LEARNING AND SCHOOL DIVISIONS TO PLAN AND ENSURE QUALITY PROGRAMS THAT ARE RESPONSIVE TO THE NEEDS OF INDIGENOUS LEARNERS.**

**Providing this personal information is voluntary and optional.**  
**Please complete and return this form to your child's school office.**

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. School boards are responsible for all matters respecting the collection, storage, retrieval and use of information respecting pupils. Access to pupil files and the protection of pupil file information is governed by The Public Schools Act, The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act.

1. I \_\_\_\_\_, (name of parent/caregiver, please print):

- ☐ am submitting my child's Indigenous Identity Declaration for the first time  
☐ am re-submitting my child's updated Indigenous Identity Declaration

2. Is your child an Indigenous person, that is, First Nations, Red River Métis, or Inuk (Inuit)?

- ☐ Yes ☐ No ☐ I prefer not to answer

*If "No" or you prefer not to answer, please do not complete the form.*

*If "Yes," mark the square(s) that best describe(s) your child now.*

*Multiple squares can be marked based on your child's cultural-linguistic ancestry:*

☐ **First Nations**

*Note: First Nations includes Status and Non-Status*

*(For school office use: Code 090)*

**Which best describes your child's cultural-linguistic identity?**

- ☐ Nation: ininiwak/nehethowak (Cree)  
☐ Nation: Anishinaabe (Ojibwe/Saulteaux)  
☐ Nation: Denesuliné (Dene)  
☐ Nation: Dakota  
☐ Nation: Anisininewak (Ojibway-Cree)

*(For school office use: Code 110)*

*(For school office use: Code 100)*

*(For school office use: Code 120)*

*(For school office use: Code 130)*

*(For school office use: Code 140)*

☐ **Red River Métis**

*(For school office use: Code 201)*

☐ **Inuk** (Inuit)

*(For school office use: Code 300)*

☐ **Other—please specify:** \_\_\_\_\_

☐ **I don't know**

Student Name (Please Print)

Date Form Completed

Student's Grade/ Class

School Name

Parent/Guardian Signature or Student Signature if 18+

School Division Name

**FOR OFFICE  
USE ONLY**

Date received  
by school



Check us out anytime  
[www.edu.gov.mb.ca/iee/identity.html](http://www.edu.gov.mb.ca/iee/identity.html)

**Manitoba**

|                    | Grade 9                                                                                                                                                                                                                                                         | Grade 10                                                                                                                                                                                                                                                                                                         | Grade 11                                                                                                                                                                                                                                                                                                                | Grade 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| English            | <input type="checkbox"/> English 10F                                                                                                                                                                                                                            | <input type="checkbox"/> English 20F<br><br><input type="checkbox"/> English 20FA                                                                                                                                                                                                                                | <input type="checkbox"/> English: Comprehensive Focus 30S<br><br>AP English: Language and Composition (2 credits):<br><input type="checkbox"/> English Transactional 30SA<br><input type="checkbox"/> English Language & Composition AP 42S                                                                             | <input type="checkbox"/> English: Comprehensive Focus 40S<br><br>AP English: Literature and Composition (2 credits):<br><input type="checkbox"/> English Literary Focus 40SA<br><input type="checkbox"/> English Literature & Composition AP 42S<br><br><input type="checkbox"/> English: Language & Literary Forms 40S                                                                                                                                                                                                           |
| Math               | <input type="checkbox"/> Math 10F                                                                                                                                                                                                                               | <input type="checkbox"/> Math: Essentials 20S<br><br><input type="checkbox"/> Math: Intro Applied/Pre-Cal 20S                                                                                                                                                                                                    | <input type="checkbox"/> Math: Essentials 30S<br><input type="checkbox"/> Math: Applied 30S<br><input type="checkbox"/> Math: Pre-Calculus 30S<br><br>Pre-AP Calculus (both credits must be completed in Gr. 11):<br><input type="checkbox"/> Math: Pre-Calculus 30S<br><input type="checkbox"/> Math: Pre-Calculus 40S | <input type="checkbox"/> Math: Essentials 40S<br><input type="checkbox"/> Math: Applied 40S<br><input type="checkbox"/> Math: Pre-Calculus 40S<br><br>AP Calculus (2 credits):<br><input type="checkbox"/> Intro to Calc & Advanced Math I 40S<br><input type="checkbox"/> Calculus AP 42S                                                                                                                                                                                                                                        |
| Physical Education | <input type="checkbox"/> Physical Education 10F<br><input type="checkbox"/> Phys Ed 10F (All-Female)<br><input type="checkbox"/> Phys Ed 10F Band / Band 10G                                                                                                    | <input type="checkbox"/> Physical Education 20F<br><input type="checkbox"/> Phys Ed 20F (All-Female)<br><input type="checkbox"/> Phys Ed 20F Band / Band 20G                                                                                                                                                     | <input type="checkbox"/> Physical Education 30F<br><input type="checkbox"/> Physical Education 30F (Early-bird)<br><input type="checkbox"/> Physical Education 30F (All Female)<br><input type="checkbox"/> Physical Education 30F (Noon)                                                                               | <input type="checkbox"/> Physical Education 40F<br><input type="checkbox"/> Physical Education 40F (Early-bird)<br><input type="checkbox"/> Physical Education 40F (All Female)<br><input type="checkbox"/> Physical Education 40F (Noon)                                                                                                                                                                                                                                                                                         |
| Social Sciences    | <input type="checkbox"/> Social Studies: Canada in the Contemporary World 10F<br><br><br><br><br><br><br><input type="checkbox"/> Textile Arts and Design 10S<br><input type="checkbox"/> Family Studies 10S<br><input type="checkbox"/> Food and Nutrition 10S | <input type="checkbox"/> Geographical Issues of the 21 <sup>st</sup> Century 20F<br><br><br><input type="checkbox"/> History: American 20G<br><br><br><br><input type="checkbox"/> Textile Arts and Design 20S<br><input type="checkbox"/> Family Studies 20S<br><input type="checkbox"/> Food and Nutrition 20S | <input type="checkbox"/> History of Canada 30F<br><br><br><br><br><br><br><input type="checkbox"/> Family Studies 30S<br><input type="checkbox"/> Food and Nutrition 30S                                                                                                                                                | <input type="checkbox"/> World of Religions 40S<br><input type="checkbox"/> First Nations, Métis, Inuit Studies 40S<br><input type="checkbox"/> History: Western Civilization 40S<br><input type="checkbox"/> Cinema as a Witness to Modern History 40S<br><br><br><input type="checkbox"/> Psychology 40S<br><input type="checkbox"/> AP Psychology 42S (must have Psychology 40S)<br><br><input type="checkbox"/> Family Studies 40S<br><input type="checkbox"/> Law 40S<br><br><input type="checkbox"/> Food and Nutrition 40S |

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Science                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Science 10F                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Science 20F                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Biology 30S<br><input type="checkbox"/> Chemistry 30S<br><input type="checkbox"/> Physics 30S<br><br><input type="checkbox"/> Biology 30SA<br><br><input type="checkbox"/> Chemistry 30SA<br><br><input type="checkbox"/> Physics 30SA                                                                                                 | <input type="checkbox"/> Biology 40S<br><input type="checkbox"/> Chemistry 40S<br><input type="checkbox"/> Physics 40S<br><br>AP Biology (2 credits):<br><input type="checkbox"/> Biology 40SA<br><input type="checkbox"/> Biology AP 42S<br><br>AP Chemistry (2 credits):<br><input type="checkbox"/> Chemistry 40SA<br><input type="checkbox"/> Chemistry AP 42S<br><br>AP Physics (2 credits):<br><input type="checkbox"/> Physics 40SA<br><input type="checkbox"/> Physics AP 42S |
| Completion of eight Applied Commerce Education courses is required for a Senior Years Technology Diploma.                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Applied Commerce Education                                                                                                                                                                                                                                                             | <input type="checkbox"/> Business Innovations 10S                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Personal Finance 20S<br><input type="checkbox"/> Creative Promotions 20S<br><input type="checkbox"/> Entrepreneurship 20S                                                                                                                                                                                                                                 | <input type="checkbox"/> Accounting Principles 30S<br><input type="checkbox"/> Retailing Perspectives 30S<br><input type="checkbox"/> Business Communications 30S                                                                                                                                                                                               | <input type="checkbox"/> Accounting Systems 40S<br><input type="checkbox"/> Economic Principles 40S<br><input type="checkbox"/> Business Management 40S                                                                                                                                                                                                                                                                                                                               |
| Computer                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Keyboarding 25S/<br>Print Communications 25S<br><input type="checkbox"/> Computer Science 20S                                                                                                                                                                                                                                                             | <input type="checkbox"/> Computer Science 30S                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Intro to Geographical Information Systems (GIS) 40S<br><br><input type="checkbox"/> Computer Science 40S<br><input type="checkbox"/> Computer Science A AP 42S                                                                                                                                                                                                                                                                                               |
| Career Development                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Career Development: Life/Work Planning 20S                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Career Development: Life/Work Building 30S                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Transitioning to the Workplace, University and College 40S                                                                                                                                                                                                                                                                                                                                                                                                   |
| Fine and Performing Arts:<br><br>Drama<br>Music<br>Visual Arts                                                                                                                                                                                                                         | <input type="checkbox"/> Visual Arts 10S<br><input type="checkbox"/> Concert Band 10S / Phys Ed 10F Band<br><input type="checkbox"/> Jazz Band 10S<br><input type="checkbox"/> Wind Ensemble 10S<br><input type="checkbox"/> Concert Choir 10S<br><input type="checkbox"/> Chamber Choir 10S<br><input type="checkbox"/> Drama 10S<br><input type="checkbox"/> Musical Theatre 10S | <input type="checkbox"/> Visual Arts 20S<br><input type="checkbox"/> Concert Band 20S / Phys Ed 20F Band<br><input type="checkbox"/> Jazz Band 20S<br><input type="checkbox"/> Wind Ensemble 20S<br><input type="checkbox"/> Concert Choir 20S<br><input type="checkbox"/> Chamber Choir 20S<br><input type="checkbox"/> Drama 20S<br><input type="checkbox"/> Musical Theatre 20S | <input type="checkbox"/> Visual Arts 30S<br><input type="checkbox"/> Concert Band 30S<br><input type="checkbox"/> Jazz Band 30S<br><input type="checkbox"/> Wind Ensemble 30S<br><input type="checkbox"/> Concert Choir 30S<br><input type="checkbox"/> Chamber Choir 30S<br><input type="checkbox"/> Drama 30S<br><input type="checkbox"/> Musical Theatre 30S | <input type="checkbox"/> Visual Arts 40S<br><input type="checkbox"/> Concert Band 40S<br><input type="checkbox"/> Jazz Band 40S<br><input type="checkbox"/> Wind Ensemble 40S<br><input type="checkbox"/> Concert Choir 40S<br><input type="checkbox"/> Chamber Choir 40S<br><input type="checkbox"/> Drama 40S<br><input type="checkbox"/> Musical Theatre 40S                                                                                                                       |
| Languages                                                                                                                                                                                                                                                                              | <input type="checkbox"/> French 10F                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> French 20F                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> French 30S                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> French 40S                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Availability of Indigenous Language classes is subject to demand. Please check if you would be interested in a language below:<br><input type="checkbox"/> Cree <input type="checkbox"/> Dakota/Sioux <input type="checkbox"/> Anishinaabemowin/Ojibwe <input type="checkbox"/> Michif |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Tech. Ed:<br>*Broadcast Media Technology<br><br>* Drafting<br><br>* Graphics                                                                                                                                                                                                           | <input type="checkbox"/> Drafting Design Technology 10G<br><br><input type="checkbox"/> Graphic Comm Tech 10G                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Intro to Broadcast Media Technology 20S<br><br><input type="checkbox"/> Drafting Design Technology 20G<br><br><input type="checkbox"/> Graphic Comm Technology 20G                                                                                                                                                                                        | <input type="checkbox"/> Video Post Production 30S<br><input type="checkbox"/> Single Camera Production 30S<br><input type="checkbox"/> Multi-camera Production 30S<br><br><input type="checkbox"/> Drafting Design Technology 30G<br><br><input type="checkbox"/> Graphic Communication Technology 30G                                                         | <input type="checkbox"/> Electronic News Gathering 40S<br><input type="checkbox"/> Applied Broadcast Media Technology 40S<br><input type="checkbox"/> Documentary and Film Production 40S<br><input type="checkbox"/> Advanced Multi-Camera Production 40S<br><br><input type="checkbox"/> Drafting Design Technology 40G<br><br><input type="checkbox"/> Graphic Communication Technology 40G                                                                                        |

Please complete the following URIS Group B medical/health information. This personal information or personal health information is being collected under the authority given to the Brandon School Division under The Public Schools Act and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of privacy provisions of The Freedom of Information and Protection of Privacy Act (including, but not limited to section 37) and The Personal Health Information Act (including, but not limited to Part 3, Division 1). If you have any questions about the collection, contact the Brandon School Division Access and Privacy Officer at 204-729-3100.

Please check (X) "yes" or "no" for all health care needs below:

- |                              |                             |                                                                                                                                                                                                    |
|------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Anaphylaxis<br>Student will bring medication to school (note: A care plan will only be completed if student brings medication to school.) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asthma<br>Student will bring medication to school (note: A care plan will only be completed if student brings medication to school.) <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bleeding disorder                                                                                                                                                                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cardiac condition                                                                                                                                                                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Clean intermittent catheterization                                                                                                                                                                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes                                                                                                                                                                                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Gastrostomy care                                                                                                                                                                                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Osteogenesis imperfect                                                                                                                                                                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ostomy care                                                                                                                                                                                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pre-set oxygen                                                                                                                                                                                     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Seizure disorder                                                                                                                                                                                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Endocrine condition                                                                                                                                                                                |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suctioning (oral/nasal)                                                                                                                                                                            |

The parent/guardian may also inform the community program at any time that their child has a health care need that is eligible for URIS Group B support.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# TECHNOLOGY and COMMUNICATIONS RESOURCES USER AGREEMENT

## Student Section (to be completed by students Grade 4 -12)

### Information and Communication Technologies (ICT) Use by Students

Please read the following statement and check the box to confirm your agreement:

- ☐ As a student/user of BSD technology, I have read the terms and conditions contained in the User Agreement and the Technology and Communications Resources User Procedures found at the end of this package and agree that I shall comply. I understand my responsibilities pertaining to the use of Technology and Communications resources, and that any violation of the conditions, rules and guidelines set out in the Procedures may result in a loss of privileges and/or other consequences as deemed necessary.

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

## Parent/Guardian Section (to be completed by student or parent/guardian where student is under 18 years of age)

### Section A: Information and Communication Technologies (ICT) Use by Students

Please read the following statement and check the box to confirm.

- ☐ As a parent/guardian of \_\_\_\_\_ (child's full name), I have read the terms and conditions contained in this User Agreement and the Technology and Communications Resources User Procedures found at the end of this package, have reviewed them with my child and agree that my child shall comply. I understand my child's responsibilities pertaining to the use of Technology and Communications resources, and that any violation of the conditions, rules and guidelines set out in the Procedures may result in a loss of privileges and/or other consequences deemed necessary.

**If you DO NOT wish your child to be able to access computer technology, please read the following statement and check the box to confirm:**

- ☐ My child **WILL NOT** be assigned a userid and password and **WILL NOT** have access to computer technology through Brandon School Division

### Section B: BSD Student Email User Agreement

A BSD email account is a valuable tool that will assist in teacher communication and accessing assignments and various applications used by BSD for educational and communication purposes. Your child will be assigned a BSD email address unless you opt out.

If you **DO NOT** wish your child to be assigned a BSD email account, read the following statement and check the box to confirm.

- ☐ **DO NOT** assign my child a BSD email account

### Section C: External and Internal Student Media Release

In order to comply with *The Freedom of Information and Protection of Privacy Act* (FIPPA), the Brandon School Division requests consent from the parent/guardian to post or publish student information and work in/on various public forums.

**Please check "Yes" or "No" for each**

- ☐ Yes ☐ No I hereby consent that I and/or my child may be photographed or recorded (audio or video) and have my and/or my child's image published as outlined in the Technology and Communications Resources User Procedures.
- ☐ Yes ☐ No I hereby consent that I and/or my child may participate in media events that may be published or broadcast by organizations external to the Brandon School Division.
- ☐ Yes ☐ No I hereby consent that I and/or my child may be showcased or interviewed by external media and may be published or broadcast.

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information I have provided on this form is complete and accurate. *I will notify the school of any changes to the information on this form.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





## Administrative Form 6075F

### *Student Lockers – Conditions of Use*

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**Administrative Procedures Cross Reference:**

[Student Lockers – Conditions of Use](#)

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**Date Amended:** December 2018

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Most schools in Brandon School Division have lockers available for student use. Students are not required to have a locker assigned to them; lockers will only be assigned to students who complete this form. Lockers remain the property of Brandon School Division. By applying for a locker the student agrees that **LOCKERS MAY BE SUBJECTED TO RANDOM SEARCHES BY BRANDON SCHOOL DIVISION STAFF, AND THAT THE SCHOOL DIVISION MAY MAKE USE OF TRAINED DOGS TO SWEEP LOCKER AREAS FOR ILLICIT DRUGS.**

I, \_\_\_\_\_, student, understand that a locker is assigned to me for use during the school year on the following conditions:

- **I UNDERSTAND THAT THE LOCKER ASSIGNED TO ME IS THE PROPERTY OF THE BRANDON SCHOOL DIVISION AND THAT I HAVE NO EXPECTATION OF PRIVACY WITH RESPECT TO THAT LOCKER.**
- **I UNDERSTAND AND AGREE THAT SCHOOL OFFICIALS MAY SEARCH STUDENT LOCKERS AT ANY TIME AND WITHOUT PRIOR NOTICE IN ORDER TO ENSURE COMPLIANCE WITH THE CONDITIONS OF USE AND OTHER SCHOOL POLICIES AND RULES, AND THAT SEARCHES BY SCHOOL OFFICIALS MAY INCLUDE THE USE OF TRAINED DOGS TO DETECT THE PRESENCE OF ILLICIT DRUGS OR PROHIBITED MATERIALS IN STUDENT LOCKERS.**
- I am responsible for the locker that is assigned to me. No one else may use this locker. If I have been assigned to share this locker then only I and the other student to whom it has been assigned may use it.
- I agree to use only an approved lock on this locker. The school may provide a lock for use, or with school approval I will supply my own lock and register the combination of the lock or a duplicate key at the office. I will not divulge my combination to anyone else.
- I will only use the locker for purposes relating to school and my attendance at school. I understand that I may use the locker to store books, school supplies and equipment, clothing, school sports equipment, lunches and necessary

personal items. I understand that nothing else is permitted in my locker unless the principal or vice-principal has permitted it in writing.

- No alcohol, cannabis (marijuana), illicit or non-medical drugs or intoxicating substances or controlled substances, weapons or prohibited or offensive material may be placed in the locker.
- I understand that my permission to use the locker may be terminated if I do not comply with the conditions of use, school and Division policies or rules.
- I understand that it is the responsibility of all members of the school community to keep our schools safe. If I have reason to believe that any locker contains anything that would threaten the safety of other students, staff or any other person, I agree to immediately report the information to a teacher or administrator. I understand that the School Division will keep my name confidential unless required by law to disclose it.
- I agree to keep the locker clean and to remove foodstuffs on a regular basis.
- I understand that I am responsible for cleaning and removing all material from my locker at the end of the year or when I leave the school.
- I agree that I am responsible for any damage caused to the locker by my actions or neglect and I understand that I may be required to pay for any resulting maintenance or repair costs.

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

\_\_\_\_\_  
Date

**Parent's/legal guardian's acknowledgement and agreement**

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_  
(the "student"). I agree to the terms and conditions of use set out in this document,  
and agree that the student may have a locker subject to these terms and conditions.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date