



# 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 #	<input type="text"/>	School	<input type="text"/>
Grade	<input type="text"/>	Homeroom	<input type="text"/>
First Day of School	<input type="text"/>	Student Number	<input type="text"/>

### 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.

<b>CUSTODY</b>	Are there any custody documents related to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the legal document.		<b>OFFICE USE</b> Initial - copy of legal document received
	<b>FAMILY CIRCUMSTANCES</b> Are there any family circumstances about which you wish the school to be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.		
<b>Priority One Contact Parent / Legal Guardian</b>	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 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Call in case of Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact receives mail for this student – physical mail and email communication <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Priority Two Contact Parent / Legal Guardian</b>	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 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Call in case of Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact receives mail for this student – physical mail and email communication <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.			
<b>Priority Three Contact - Other Relevant Adult</b>	Relationship to Student		
	Name (Last, First)		Does the student reside with this individual? <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>EMERGENCY CONTACTS</b> <span style="float: right; font-weight: normal; font-size: 0.8em;">A LOCAL contact who may be contacted if the student's priority 1 and 2 contacts are unavailable.</span>				
Priority Four Contact - Other Relevant Adult	Relationship to Student			
	Name (Last, First)		Does the student reside with this individual? <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 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Care Contact	Name (Last, First)		Address	
	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	<b>Sibling Name</b> (school age siblings)	<b>Gender</b>	<b>Date of Birth</b> (MM/DD/YYYY)	<b>School/Grade Attending</b>
<b>INDIGENOUS IDENTITY DECLARATION</b>				
<p>Indigenous 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 Indigenous 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.</p> <p>I _____, (name of parent/guardian, please print clearly):</p> <p> <input type="checkbox"/> Am submitting my child's Indigenous Identity Declaration for the first time  <input type="checkbox"/> Am making changes to my child's Indigenous Identity Declaration  <input type="checkbox"/> Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.         </p> <p>Is your child an Indigenous person, that is, First Nation (North American Indian), Metis, 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:</p> <p> <input type="checkbox"/> Yes, First Nation (North American Indian)  <input type="checkbox"/> Yes, Métis  <input type="checkbox"/> Yes, Inuk (Inuit)         </p> <p>What best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices:</p> <p> <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux)  <input type="checkbox"/> Ininiw  <input type="checkbox"/> Dene (Sayisi)  <input type="checkbox"/> Dakota  <input type="checkbox"/> Oji-Cree  <input type="checkbox"/> Michif  <input type="checkbox"/> Inuktitut  <input type="checkbox"/> Other – please specify _____         </p>				



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                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asthma                             |
| <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:** \_\_\_\_\_



## UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP B APPLICATION (a)

### Review application, complete and sign in ink

The purpose of this form is to identify the child's specific health care and if applicable, apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. URIS is a partnership of Health, Education and Family Services. If you have questions about the information requested on this form, you may contact the community program.

### Section I – To be completed by the community program

<b>Type of community program (please ✓)</b>  <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program <input type="checkbox"/> Other: _____	<b>Community Program Name:</b>	<b>Location of Service:</b> <input type="checkbox"/> Same as on left
	<b>Contact person:</b>	<b>Contact person:</b>
	<b>Phone:</b> _____ <b>Fax:</b> _____	<b>Phone:</b> _____ <b>Fax:</b> _____
	<b>Email:</b>	<b>Email:</b>
	<b>Mailing address:</b>	<b>Mailing address:</b>
	<b>Street address:</b> <b>City/Town:</b> <b>Postal Code:</b>	<b>Street address:</b> <b>City/Town:</b> <b>Postal Code:</b>

### Section II - Child information - to be completed by parent

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Preferred Name (Alias)</b>	<b>Age</b>	<b>Grade</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>Gender</b>
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

Does your child ride the bus? ☐ YES ☐ NO

**Does your child have any of the following listed health concerns?** ☐ YES ☐ NO (check (✓) one)

➤ If you have answered **NO**, please sign here and return this form to the community program.

Parent/ Legal Guardian NAME \_\_\_\_\_ Parent/ Legal Guardian SIGNATURE \_\_\_\_\_ DATE (YYYY/MMM/DD) \_\_\_\_\_

➤ If you have answered **YES**, please complete the remainder of the form **including Section III**.

➤ Please check (✓) all health care conditions for which the child requires an intervention during attendance at the community program. Return the completed form to the community program.

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®)</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child bring an injector to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Asthma (administration of medication by inhalation)</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child bring reliever medication (puffer) to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child know <b>when</b> to take their reliever medication (puffer) e.g. can recognize signs of asthma?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can your child take their reliever medication (puffer) <b>on their own</b> ?
	IF NO, describe what your child needs help with: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Seizure disorder What type of seizure(s) does the child have?</b> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require administration of rescue medication? <input type="checkbox"/> Lorazepam <input type="checkbox"/> Midazolam
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require the use of a vagal nerve stimulator (wand)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes What type of diabetes does the child have?</b> <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require blood glucose monitoring at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require assistance with blood glucose monitoring?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child have low blood glucose emergencies that require a response?



Unified Referral and Intake System (URIS) Group B Application

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Ostomy Care</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have an ostomy/stoma? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the ostomy pouch to be emptied at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the established appliance to be changed at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with ostomy care at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrostomy Care</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have a gastrostomy tube? Type of tube: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require gastrostomy tube feeding at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of medication via the gastrostomy tube at the program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Clean Intermittent Catheterization (CIC)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require CIC? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with CIC at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Pre-set Oxygen</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require pre-set oxygen at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring oxygen equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Suctioning (oral and/or nasal)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require oral and/or nasal suctioning at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring suctioning equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cardiac Condition where the child requires a specialized emergency response at the community program.</b>	What type of cardiac condition has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Bleeding Disorder (e.g., von Willebrand disease, hemophilia)</b>	What type of bleeding disorder has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Endocrine Conditions (e.g. steroid dependence, congenital adrenal hyperplasia, hypopituitarism, Addison's disease)</b>	What type of steroid dependence has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Osteogenesis Imperfecta (brittle bone disease)</b>	What type? _____

### Section III - Authorization for the Release of Medical Information

In accordance with *The Personal Health Information Act* (PHIA), I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's health care provider, if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

**Child's Name:** \_\_\_\_\_ **Child's PHIN:** \_\_\_\_\_

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

<b>NAME (PRINT) Parent/ Legal Guardian</b> _____	<b>SIGNATURE Parent/Legal Guardian</b> _____	<b>DATE (YYYY/MMM/DD)</b> _____
Mailing Address: _____	City/Town: _____	Postal Code: _____
Work/Daytime Phone: _____	Cell Phone: _____	Home Phone: _____
Email: _____		





# BRANDON SCHOOL DIVISION

## Authorization for Release of Information

1031 – 6<sup>th</sup> Street,  
Brandon, MB R7A 4K5  
Phone: 204-729-3100  
Fax: 204-727-2217

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_ being the parent/legal guardian of \_\_\_\_\_  
(child's name)

do hereby authorize Brandon School Division to release information to/receive information from

\_\_\_\_\_ for the purpose of educational assessment,  
(caregiver's name)

programming, attendance, extra-curricular, co-curricular and social/emotional information/interventions.

I understand this information is confidential and will be used by the recipient only for the purpose of providing a service to the student.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

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# BRANDON SCHOOL DIVISION

## Language Identification Form

If your child fits **any** of the descriptors below, it may mean your child qualifies for additional supports and/or funding for their school. Please check all that apply to your child.

### Students Born Outside of Canada

Examples of students who are born outside of Canada and may be eligible for language funding include:

<input type="checkbox"/>	Student speaks a First Language other than English in the home
<input type="checkbox"/>	Student is a bilingual learner (E.g. speak both English and another language in the home)
<input type="checkbox"/>	Student is from a country where the dialect of English used may have differences from the variety used in Canadian schools

### Students Born in Canada

Examples of students who are born in Canada and may be eligible for language funding include:

<input type="checkbox"/>	Student was born in Canada and speaks a language other than English, as a first language
<input type="checkbox"/>	Student was born in Canada and is bilingual in English and another language, however may still need additional help with reading, writing, understanding and/or speaking in academic English
<input type="checkbox"/>	Student was born in Canada and grew up speaking English as a first language, but may have a dialect of English that has differences from the variety of English used in school
<input type="checkbox"/>	Student has been educated in a Tyrolean-/German-speaking Hutterite colony

### Deaf or Hard of Hearing Students

<input type="checkbox"/>	Student (born in Canada or elsewhere) who is deaf or hard of hearing
<input type="checkbox"/>	Student may have various levels of fluency in the signed language of their home country or in American Sign Language (ASL)
<input type="checkbox"/>	Student uses ASL or a signed language as their first language and develops English, as their second language through reading and writing

The Welcome Centre at New Era will meet your child to determine whether they require extra supports with reading, writing, understanding and/or speaking in English and share this information with their teacher. Students receiving funding for language programming need to contact the Welcome Centre.

- ☐ Yes, my child could be eligible for language funding. I give the school permission to share my name and phone number with the Welcome Centre to call and set up an appointment for registration/assessment.
- ☐ No, my child is not eligible for language funding.
- ☐ No, although my child may be eligible for funding, I choose not to take advantage of this at this time.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age \_\_\_\_\_ Phone number: \_\_\_\_\_

*"Accepting the Challenge"*

	Grade 9	Grade 10	Grade 11	Grade 12
English	<input type="checkbox"/> English 10F	<input type="checkbox"/> English 20F  <input type="checkbox"/> English 20FA	<input type="checkbox"/> English: Comprehensive Focus 30S  AP English: Language and Composition (2 credits): <input type="checkbox"/> English Transactional 30SA <input type="checkbox"/> English Language & Composition AP 42S	<input type="checkbox"/> English: Comprehensive Focus 40S  AP English: Literature and Composition (2 credits): <input type="checkbox"/> English Literary Focus 40SA <input type="checkbox"/> English Literature & Composition AP 42S  <input type="checkbox"/> English: Language & Literary Forms 40S
Math	<input type="checkbox"/> Math 10F	<input type="checkbox"/> Math: Essentials 20S  <input type="checkbox"/> Math: Intro Applied/Pre-Cal 20S	<input type="checkbox"/> Math: Essentials 30S <input type="checkbox"/> Math: Applied 30S <input type="checkbox"/> Math: Pre-Calculus 30S  Pre-AP Calculus (both credits must be completed in Gr. 11): <input type="checkbox"/> Math: Pre-Calculus 30S <input type="checkbox"/> Math: Pre-Calculus 40S	<input type="checkbox"/> Math: Essentials 40S <input type="checkbox"/> Math: Applied 40S <input type="checkbox"/> Math: Pre-Calculus 40S  AP Calculus (2 credits): <input type="checkbox"/> Intro to Calc & Advanced Math I 40S <input type="checkbox"/> Calculus AP 42S
Physical Education	<input type="checkbox"/> Physical Education 10F <input type="checkbox"/> Phys Ed 10F (All-Female) <input type="checkbox"/> Phys Ed 10F Band / Band 10G	<input type="checkbox"/> Physical Education 20F <input type="checkbox"/> Phys Ed 20F (All-Female) <input type="checkbox"/> Phys Ed 20F Band / Band 20G	<input type="checkbox"/> Physical Education 30F <input type="checkbox"/> Physical Education: Personal Fitness 30F <input type="checkbox"/> Physical Education 30F (Early-bird) <input type="checkbox"/> Physical Education 30F (All Female) <input type="checkbox"/> Physical Education 30F (Basketball) <input type="checkbox"/> Physical Education 30F (Volleyball)	<input type="checkbox"/> Physical Education 40F <input type="checkbox"/> Physical Education: Personal Fitness 40F <input type="checkbox"/> Physical Education 40F (Early-bird) <input type="checkbox"/> Physical Education 40F (All Female) <input type="checkbox"/> Physical Education 40F (Basketball) <input type="checkbox"/> Physical Education 40F (Volleyball)
Social Sciences	<input type="checkbox"/> Social Studies: Canada in the Contemporary World 10F      <input type="checkbox"/> Textile Arts and Design 10S <input type="checkbox"/> Family Studies 10S <input type="checkbox"/> Food and Nutrition 10S	<input type="checkbox"/> Geographical Issues of the 21 <sup>st</sup> Century 20F   <input type="checkbox"/> History: American 20G   <input type="checkbox"/> Textile Arts and Design 20S <input type="checkbox"/> Family Studies 20S <input type="checkbox"/> Food and Nutrition 20S	<input type="checkbox"/> History of Canada 30F      <input type="checkbox"/> Family Studies 30S <input type="checkbox"/> Food and Nutrition 30S	<input type="checkbox"/> World of Religions 40S <input type="checkbox"/> Global Issues: Citizenship and Sustainability 40S <input type="checkbox"/> First Nations, Métis, Inuit Studies 40S <input type="checkbox"/> History: Western Civilization 40S <input type="checkbox"/> Historiography 41G <input type="checkbox"/> Cinema as a Witness to Modern History 40S  AP World History (2 credits): <input type="checkbox"/> AP World History 42S <input type="checkbox"/> Historiography 41G  <input type="checkbox"/> Psychology 40S <input type="checkbox"/> AP Psychology 42S (must have Psychology 40S)  <input type="checkbox"/> Family Studies 40S <input type="checkbox"/> Law 40S  <input type="checkbox"/> Food and Nutrition 40S

Science	<input type="checkbox"/> Science 10F	<input type="checkbox"/> Science 20F	<input type="checkbox"/> Biology 30S <input type="checkbox"/> Chemistry 30S <input type="checkbox"/> Physics 30S  <input type="checkbox"/> Biology 30SA  <input type="checkbox"/> Chemistry 30SA  <input type="checkbox"/> Physics 30SA	<input type="checkbox"/> Biology 40S <input type="checkbox"/> Chemistry 40S <input type="checkbox"/> Physics 40S  AP Biology (2 credits): <input type="checkbox"/> Biology 40SA <input type="checkbox"/> Biology AP 42S  AP Chemistry (2 credits): <input type="checkbox"/> Chemistry 40SA <input type="checkbox"/> Chemistry AP 42S  AP Physics (2 credits): <input type="checkbox"/> Physics 40SA <input type="checkbox"/> Physics AP 42S
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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 <input type="checkbox"/> Creative Promotions 20S <input type="checkbox"/> Entrepreneurship 20S	<input type="checkbox"/> Accounting Principles 30S <input type="checkbox"/> Retailing Perspectives 30S <input type="checkbox"/> Business Communications 30S	<input type="checkbox"/> Accounting Systems 40S <input type="checkbox"/> Economic Principles 40S <input type="checkbox"/> Business Management 40S
Computer		<input type="checkbox"/> Keyboarding 25S / Print Communications 25S <input type="checkbox"/> Computer Science 20S	<input type="checkbox"/> Web Design 35S / Interactive Website 35S  <input type="checkbox"/> Computer Science 30S	<input type="checkbox"/> Computer Science 40S
Career Development		<input type="checkbox"/> Career Development: Life/Work Planning 20S	<input type="checkbox"/> Career Development: Life/Work Building 30S	<input type="checkbox"/> Career Development: Life/Work Transition 40S
Fine and Performing Arts:  Drama Music Visual Arts	<input type="checkbox"/> Visual Arts 10S <input type="checkbox"/> Concert Band 10S / Phys Ed 10F Band <input type="checkbox"/> Jazz Band 10S <input type="checkbox"/> Wind Ensemble 10S <input type="checkbox"/> Concert Choir 10S <input type="checkbox"/> Vocal Jazz 10S <input type="checkbox"/> Chamber Choir 10S <input type="checkbox"/> Drama 10S <input type="checkbox"/> Musical Theatre 10S	<input type="checkbox"/> Visual Arts 20S <input type="checkbox"/> Concert Band 20S / Phys Ed 20F Band <input type="checkbox"/> Jazz Band 20S <input type="checkbox"/> Wind Ensemble 20S <input type="checkbox"/> Concert Choir 20S <input type="checkbox"/> Vocal Jazz 20S <input type="checkbox"/> Chamber Choir 20S <input type="checkbox"/> Drama 20S <input type="checkbox"/> Musical Theatre 20S	<input type="checkbox"/> Visual Arts 30S <input type="checkbox"/> Concert Band 30S <input type="checkbox"/> Jazz Band 30S <input type="checkbox"/> Wind Ensemble 30S <input type="checkbox"/> Concert Choir 30S <input type="checkbox"/> Vocal Jazz 30S <input type="checkbox"/> Chamber Choir 30S <input type="checkbox"/> Drama 30S <input type="checkbox"/> Musical Theatre 30S	<input type="checkbox"/> Visual Arts 40S <input type="checkbox"/> Concert Band 40S <input type="checkbox"/> Jazz Band 40S <input type="checkbox"/> Wind Ensemble 40S <input type="checkbox"/> Concert Choir 40S <input type="checkbox"/> Vocal Jazz 40S <input type="checkbox"/> Chamber Choir 40S <input type="checkbox"/> Drama 40S <input type="checkbox"/> Musical Theatre 40S
Languages	<input type="checkbox"/> French 10F <input type="checkbox"/> Cree 11G <input type="checkbox"/> Dakota/Sioux 11G <input type="checkbox"/> Anishinaabemowin/Ojibwe 11G <input type="checkbox"/> Michif 11G	<input type="checkbox"/> French 20F <input type="checkbox"/> Cree 21G <input type="checkbox"/> Dakota/Sioux 21G <input type="checkbox"/> Anishinaabemowin/Ojibwe 21G <input type="checkbox"/> Michif 21G	<input type="checkbox"/> French 30S <input type="checkbox"/> Cree 31G <input type="checkbox"/> Dakota/Sioux 31G <input type="checkbox"/> Anishinaabemowin/Ojibwe 31G <input type="checkbox"/> Michif 31G	<input type="checkbox"/> French 40S <input type="checkbox"/> Cree 41G <input type="checkbox"/> Dakota/Sioux 41G <input type="checkbox"/> Anishinaabemowin/Ojibwe 41G <input type="checkbox"/> Michif 41G
Tech. Ed: *Broadcast Media Technology  * Drafting  * Graphics	<input type="checkbox"/> Exploration of Broadcast Media Technology 10S  <input type="checkbox"/> Drafting Design Technology 10G  <input type="checkbox"/> Graphic Comm Tech 10G	<input type="checkbox"/> Intro to Broadcast Media Technology 20S  <input type="checkbox"/> Drafting Design Technology 20G  <input type="checkbox"/> Graphic Comm Technology 20G	<input type="checkbox"/> Video Post Production 30S <input type="checkbox"/> Single Camera Production 30S <input type="checkbox"/> Multi-camera Production 30S  <input type="checkbox"/> Drafting Design Technology 30G  <input type="checkbox"/> Graphic Communication Technology 30G	<input type="checkbox"/> Electronic News Gathering 40S <input type="checkbox"/> Applied Broadcast Media Technology 40S <input type="checkbox"/> Documentary and Film Production 40S <input type="checkbox"/> Advanced Multi-Camera Production 40S  <input type="checkbox"/> Drafting Design Technology 40G  <input type="checkbox"/> Graphic Communication Technology 40G



## 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

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