



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.

CUSTODY	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.		OFFICE USE Initial - copy of legal document received
	FAMILY CIRCUMSTANCES 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.		
Priority One Contact 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 <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	
Priority Two Contact 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 <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	
EMERGENCY CONTACTS A LOCAL contact who may be contacted if the student's priority 1 and 2 contacts are unavailable.			
Priority Three 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	

<div style="display: flex; justify-content: space-between;"> EMERGENCY CONTACTS A LOCAL contact who may be contacted if the student's priority 1 and 2 contacts are unavailable. </div>				
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	Sibling Name (school age siblings)	Gender	Date of Birth (MM/DD/YYYY)	School/Grade Attending
INDIGENOUS IDENTITY DECLARATION				
<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>				

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: _____

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:** _____



Administrative Form 6075F

Student Lockers – Conditions of Use

Administrative Procedures Cross Reference:

[Student Lockers – Conditions of Use](#)

Date Amended: December 2018

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

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

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

Section II - Child information - to be completed by parent

Last Name	First Name	Birthdate
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Name (Alias)	Age	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Gender
		<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/MM/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	Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®)
<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	Asthma (administration of medication by inhalation)
<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 when 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) on their own ?
	IF NO, describe what your child needs help with: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizure disorder What type of seizure(s) does the child have? _____
<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	Diabetes What type of diabetes does the child have? <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	Ostomy Care	<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	Gastrostomy Care	<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	Clean Intermittent Catheterization (CIC)	<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	Pre-set Oxygen	<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	Suctioning (oral and/or nasal)	<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	Cardiac Condition where the child requires a specialized emergency response at the community program.	What type of cardiac condition has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Bleeding Disorder (e.g., von Willebrand disease, hemophilia)	What type of bleeding disorder has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Endocrine Conditions (e.g. steroid dependence, congenital adrenal hyperplasia, hypopituitarism, Addison's disease)	What type of steroid dependence has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Osteogenesis Imperfecta (brittle bone disease)	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.

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



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"



BRANDON SCHOOL DIVISION

TECHNOLOGY AND COMMUNICATIONS RESOURCES

USER PROCEDURES

FOR PARENTS/GUARDIANS

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

ADMINISTRATIVE PROCEDURE 2055

The Brandon School Division provides students access to a variety of information and communication technologies, including computer workstations, mobile devices and network infrastructure to support student learning.

The skill sets associated with use of information and communication technologies is fundamental for life in the 21st century. As such, the use of ICT has become an integral part of teaching and learning in all curricula.

The Division supports the development of Literacy with Information and Communication Technology (LwICT) in students. This means thinking critically and creatively, about information and about communication, as citizens of the global community, while using ICT safely, responsibly and ethically.

The Division will endeavour to provide error-free, dependable access to information and communication technology resources. The Division's networks and equipment are provided to students for the sole purpose of educational activities associated with the Brandon School Division. Students using the Division's networks and equipment do so at their own risk, and the Division cannot be held liable for any information that may be lost, damaged or unavailable due to technical or other difficulties.

A network account is the responsibility of the person to whom it is issued and shall be used for educational or research purposes and for conducting valid school or Divisional business. The Division has the authority to monitor all accounts on the Division's networks and the use of network resources to ensure network security and compliance with administrative procedures and laws. If there is reason to believe that there has been misuse of Division resources, user accounts may be accessed by network administrators.

In order to comply with The Freedom of Information and Protection of Privacy Act (FIPPA), the Brandon School Division requires consent from parents or students to post or publish student information and work on various public forums.

Student Internet Use

Internet use is an important component of the integration of information and communications technology with learning in the Division. Students are guided to become proficient digital citizens in order to:

- locate and retrieve up-to-date information on topics studied in the classroom;
- communicate rapidly with other users around the world;
- collaborate with others in different locations on topics of common interest; and
- become competent global citizens with 21st century skill preparedness.

Safety

Keeping students safe during Internet access is the joint responsibility of school and Divisional personnel, parents/guardians and students. Safety measures in place include features, training and procedures that result in safe and ethical use of the Internet. The Division has installed Internet content filtering software that restricts access to inappropriate sites on the Internet.

- School instructional staff will be trained to assist students to safely and responsibly use the Internet.
- Students and their parents/guardians (for students under 18 years of age) are required to complete an Information and Communications Technologies Student Acceptable Use Agreement before students receive access to the school network.
- Review with students, once per semester (secondary) or twice per year (elementary), the Divisional guidelines for the Student Use of Information and Communications Technologies (ICT) (see below)
- Use of technology and communication resources by students will take place in settings supervised by instructional staff.
- Network storage areas shall be treated like student lockers (refer to Administrative Procedure 6075).
- Network Administrators may review user files and communications to maintain system integrity and to ensure that students are using the system responsibly.

Guidelines for the Use of Technology and Communications by Students

While using technology at school, it is expected that students shall:

- accept ultimate responsibility for their actions in accessing technology;
- access the network and the Internet only under the supervision of instructional staff and accept the limitations placed on them by that supervisor and the Brandon School Division;
- access the network and the Internet only with equipment provided by the Division; unless authorized by the School Leader
- close all Internet browser windows and log off the Divisional network when not directly using the computer or mobile device;
- use good judgment at all times;
- respect the rights and privacy of other technology users;
- use only the Divisional accounts (e.g., network login, e-mail) assigned to them by the system administrator;
- keep user IDs and passwords for Divisional accounts confidential;
- follow generally accepted netiquette (network etiquette) rules, including using appropriate language and content in all correspondence or communications ;
- will not attempt to modify settings, unless approved by instructional or administrative staff, or uninstall programs installed by the MIST Department;
- respect copyright;
- use only Brandon School Division sanctioned technology and communication resources unless a project proposal has been approved under the guidelines and procedures of the Brandon School Division Social Media Administrative Procedure (refer to Administrative Procedure 2125);
- download only information (including text, software, graphics and images) that is classroom or course-related, with the permission of instructional staff;
- refrain from revealing personal information about themselves and others online, which includes but is not limited to the student's name, age and location;
- be responsible for not pursuing inappropriate material on the Internet and inform instructional staff of any inappropriate sites to which they inadvertently navigate;
- accept consequences of inappropriate use of technology, as outlined in this procedure;
- bring in personal devices under certain circumstances and **only with the permission of the School Leader**. The devices will connect to the guest wireless network using the student active directory credentials, and receive internet access only. Should a student bring in their own device, they do so at their own risk and the Division cannot be held liable for any information or hardware that may be lost, damaged or unavailable due to technical or other difficulties.

Sanctions

- Violation of any of the outlined guidelines will result in a loss of access privileges and, in turn, may necessitate withdrawal from any technology-related courses in which a student is enrolled.

- Additional disciplinary action may be determined at the school level in line with the Division's Code of Conduct, including suspension or expulsion.
- If applicable, law enforcement agencies may be involved.

Section B: BSD Student Email User Agreement

Student Email is a service provided by the Brandon School Division for students in the Brandon School Division. It is intended to provide a safe and secure environment for students to develop their skills in using email to communicate easily and effectively with other students, resources and their teachers in the Division.

BSD Student Email is made available to students who agree to act in a considerate and responsible manner.

All users are responsible for safeguarding and protecting their user access identification and for their behaviour and communications over email. In addition, students must follow Administrative Procedure 2045 – Information and Communication Technologies when accessing student email.

BSD Student Email is provided by the Brandon School Division's network and server infrastructure. In order to maintain system integrity and to ensure that users are using the system responsibly, content filters may be used to scan for obscene or threatening language. By agreeing to this User Agreement, users and their parents/guardians consent to the disclosure by Brandon School Division of certain "personal information" as defined in *The Freedom of Information and Protection of Privacy Act (Manitoba)*, (including the user's name, home address, e-mail address, school division, school and any other information that may be relevant to the particular case), to the appropriate authorities. This may include the school, the user's parents (for student users who are minors), affected persons or their parents (for student users who are minors) and, in extreme cases, the police.

Section C: External and Internal Media Use of Images and Recordings

ADMINISTRATIVE PROCEDURE 2035

I understand that the Brandon School Division and/or its partners may wish to photograph or record audio or video of my/my child's name, image, student work and/or performance and to display or distribute any or all for the purpose of promotional publishing, posting on a Brandon School Division website, posting on Brandon School Division Social Media site(s), posting in physical school buildings and/or broadcasting on television or radio determined by the Brandon School Division.

I also understand that:

- External media may attend or request to attend school activities or events.
- I/my child may be asked a variety of questions regarding school and school related activities and programs.
- All direct media interaction will be supervised.
- Once photographed or recorded, student names and other identifying information or student work are released in any public forum, the Brandon School Division cannot control or prevent the further distribution or use of the material by those who access the information.
- Parents or students are under no obligation to consent; it is their voluntary decision to do so. If the form is not returned, or if no preference is indicated, a refusal to consent will be presumed.
- Consent will be valid for the duration of the current school year. Once consent is given, any Works obtained during that school year may be used now and any time in the future whether it is known or unknown.
- Consent may be withdrawn prior to posting or publication by notifying the school principal in writing.

External and Internal Media Coverage (General) Notice to Parents

ADMINISTRATIVE PROCEDURE 2035N

From time to time, a Brandon School Division representative or External media representatives (newspapers, magazines, radio or television stations, web sites) request to come onto school property to report on and/or photograph/record an aspect of the school or its programs. These may thereafter be digitally manipulated, published, broadcast, re-broadcast or sold to other external media outlets.

External media requests will be directed to the Division Communications Office for careful consideration and subsequently sent for approval by the School Leader. (Please refer to Administrative Procedure 2010 Communications)

However, we recognize that you may not wish your child to participate. If this is the case, school staff will involve your child in other activities during the media's attendance. (Unless otherwise stated, "media" refers to both External and Internal Media.)

The Division cannot prevent external media outlets from photographing students from vantage points beyond our control, such as outside the school or across the street from the school. Nor can the Division prevent external media from interviewing students at these locations. If this is a concern, you should discuss the matter with your child to alert your child to this possibility.

Similarly, parents and the external media may take non-specific, non-identified recordings of children at public events in the school or off-site. In such instances, your child's image or voice or a digital manipulation of the image or audio may be recorded, broadcast or published. Once the photograph or recording has been taken, the Division cannot restrict or limit subsequent publication or re-broadcast. Student photographs and work that is showcased may be identified using the student's first name, last name initial, grade and school only.

Please note the following information:

- Once photographs, student names and other identifying information or student work are released in any public forum, the Division cannot control or prevent the further distribution or use of the material by those who access the information.
- Parents or students are under no obligation to consent; it is their voluntary decision to do so. If the form is not returned, or if no preference is indicated, a refusal to consent will be presumed.
- Consent will be valid for the duration of the current school year. Once consent is given, any works obtained during that school year may be **used now and any time in the future.**
- Consent may be withdrawn prior to posting or publication by notifying the School Leader in writing.

If you should have any questions regarding this notice, please contact your School Leader.