



Kindergarten to Grade 8 Registration
2010-2011

Previous School: _____

Please update and return to school by:

Special Programming Requirements: Y N

English Language Program Grade _____ School _____ Kindergarten Preference: AM <input type="checkbox"/> PM <input type="checkbox"/> All Day* <input type="checkbox"/> <small>*currently available at Alexander, Earl Oxford, O'Kelly, Riverheights, Waverly Park</small>	French Immersion Program: École O'Kelly School, Dual Track, K-4 École New Era School, Dual Track, K-8 École Harrison, Single Track, K-8 Grade _____ School _____ Kindergarten Preference: AM <input type="checkbox"/> PM <input type="checkbox"/>
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Legal Last Name: _____ Legal Given Name(s): _____ Name Called: _____
 Home Phone#: _____ Unlisted: Date of Birth: _____ Gender: _____ Present Grade: _____
 Custody: Both Mother Father Joint (shared) Guardian Child in Care
 Student Lives With: _____
 Special Custody Circumstances/Court Orders: _____
(It is the responsibility of the parent to provide appropriate Court Documentation, Child in Care Form, etc. to the school.)

Student Address: _____
 City: _____ Postal Code: _____ Legal Land Location: _____
 Bus Student: Bus #: _____

Male Parent: _____ Relationship (if not Father): _____
 Address: _____ Place of Employment: _____
 Home Phone#: _____ Email: _____ Work Phone#: _____ Cell#: _____

Female Parent: _____ Relationship (if not Mother): _____
 Address: _____ Place of Employment: _____
 Home Phone#: _____ Email: _____ Work Phone#: _____ Cell#: _____

Guardian's Name: _____ Relationship: _____
 Address: _____ Place of Employment: _____
 Home Phone#: _____ Work Phone#: _____ Cell#: _____

Local Emergency Contact: _____ Phone#: _____
Babysitter/Daycare: _____ Address: _____ Phone#: _____

Name(s) of Brother(s)/Sister(s)	Date of Birth (Year/Month/Day)	School/Grade Level

Please complete the Aboriginal Identity Declaration form attached and return with registration.
 Providing this personal information is voluntary and optional. It is being collected under the authority of section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and related directly to the activity of Manitoba and to plan and improve programs and the activity of the School Division to deliver programs in manner stated on the form.

Band Name: _____ **Treaty#:** _____

Please complete URIS Group B medical/health information form attached and return with registration.
 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.

PARENT/GUARDIAN SIGNATURE: _____
DATE: _____

Aboriginal Identity Declaration 2010-2011 EIS Data Collection

Aboriginal Identity Declaration is intended to establish statistical data that will support efforts of Manitoba Education and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners.

I, _____, (name of parent/guardian, please print clearly):

- Am submitting my child's Aboriginal Identity Declaration for the first time.
- Am making changes to my child's Aboriginal Identity Declaration.
- Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.

My child is Aboriginal (please select only one of the following):

- First Nation
- Métis
- Inuit
- Uncertain of ancestry

Please select, if applicable, up to two of the following languages spoken:

- Anishinaabe (Ojibway/Saulteaux)
- Ininew (Cree)
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other (please indicate if not on the list above) _____

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 to plan and improve programs and the activity of the School Division to deliver programs in manner stated above.

For more information about Aboriginal Identity Declaration, please contact:

Aboriginal Education Directorate

Telephone: 204-945-7886

Toll Free: 1-800-282-8069 ext. 7886

Fax: 204-948-2010

Email: aedinfo@gov.mb.ca

Or visit the website at: <http://www.edu.gov.mb.ca/aed/abidentity.html>

Student Name (please print) _____

Parent/Guardian Signature _____

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL OFFICE.

**REVIEW EACH CATEGORY AND CHECK (✓) YES OR NO
UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP B INFORMATION**

In accordance with Section 15 of *The Personal Health Information Act (PHIA)*, the purpose of this form is to identify the child's health care intervention(s) and 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. If you have questions about the information requested on this form, you may contact the community program.

Section I – Community program information (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	Name of community program:
	Contact person:
	Phone: _____ Fax: _____
	Email: _____
	Does your child ride the school bus? Yes No
	Address (location where service is to be delivered): Street: City/Town: _____ POSTAL CODE: _____

Section II - Child information

Last Name	First Name	Birthdate
_____	_____	_____
		month (print) D D Y Y Y Y
Also Known As	_____	

Does your child have any of the health concerns listed on this document? <input type="checkbox"/> YES <input type="checkbox"/> NO If you have answered NO, please sign and return this form to the school. If you have answered YES, please complete the entire form and return to the school.
_____ Parent/Legal Guardian (Print Name) Parent/Legal Guardian (Signature) Date

Please check (✓) all health care conditions that apply to your child.

LIFE-THREATENING ALLERGY (and child is prescribed an EpiPen) Does the child bring an EpiPen to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
ASTHMA (administration of medication by inhalation) Does the child bring asthma medication (puffer) to the community program? Can the child take the asthma medication (puffer) on his/her own?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
SEIZURE DISORDER What type of seizure(s) does the child have? _____ Does the child require administration of rescue medication (e.g., sublingual lorazepam)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
DIABETES What type of diabetes does the child have? Does the child require blood glucose monitoring at the community program? Does the child require assistance with blood glucose monitoring? Does the child have low blood sugar emergencies that require a response?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <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



Child's Name: _____

Birthdate: (dd/mm/yy) _____

BLEEDING DISORDER (e.g., von Willebrand disease, hemophilia)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What type of bleeding disorder has the child been diagnosed with? _____		
STEROID DEPENDENCE (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What type of steroid dependence has the child been diagnosed with? _____		
OSTEOGENESIS IMPERFECTA (brittle bone disease)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
GASTROSTOMY FEEDING CARE	<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 community program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OSTOMY CARE	<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
CLEAN INTERMITTENT CATHETERIZATION (IMC)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the child require assistance with IMC 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

Section III - Authorization for the Release of Medical Information

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 physician(s), 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)

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.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____

Date _____

Mailing Address _____

Home Phone: _____

City _____

Work Phone: _____

Postal Code _____

Cell Phone: _____

FORM B

PROCEDURES 4051

MEDIA USE OF IMAGES AND RECORDINGS

Adopted: Motion 171/2007; November 12, 2007

Brandon School Division

Consent to Post or Publish Student Information and Work

Our school would like to share information and communicate with parents by highlighting the school, student and student work or activities in a variety of public forums for non-profit educational purposes. The following are examples only and not meant to be an all inclusive list of how student personal information and work may be shown: displays during school sponsored open houses; professional development sessions; other school related activities held at the school, school division sites or at school or school division sponsored events; school or community publications; or posting or publishing on school or Brandon School Division web sites. Our school's web site may be accessed from www.brandonsd.mb.ca.

Students' photographs and work that is showcased will be identified using the student's first name, last name initial, grade and school only.

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

Please note the following information:

- Once photographs, 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 you do not return this form, this indicates a refusal to consent.
- Your consent will be valid for the duration of the school year. You may withdraw your consent prior to posting or publication by notifying the school principal in writing. You may at any time instruct us to remove the photographs or work from Brandon School Division sites such as school or school division displays or from the school web site or Brandon School Division web site by notifying the school principal in writing.

Consent for Release

I am the parent/legal guardian of the student named below or a student who has reached the age of majority/adult, and I have read and understand the information provided on this form. I voluntarily give the Brandon School Division consent to post or publish my or my child's photographs, first name and last initial, grade, school and samples of my or my child's work in various public forums as described above for non-profit educational purposes. I understand my consent is valid for the current school year unless I revoke my consent prior to posting or publication by notifying the school principal in writing.

Name of Student (please print)

School

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Name of Student Who Has Attained
the Age of Majority (please print)

Signature of Student Who Has Attained the Age
of Majority

Date



"Accepting the Challenge"

BRANDON SCHOOL DIVISION
USE OF INFORMATION AND
COMMUNICATION TECHNOLOGIES
BY STUDENTS

ACCEPTABLE USE AGREEMENT

A. STUDENT SECTION *(to be completed by all students in grades 7 through S4)*

I have read the Brandon School Division Procedures on the Use of Information and Communication Technologies by Students and agree to comply with them. I understand my responsibilities pertaining to the use of ICT. I will participate in orientation sessions provided by instructional staff on the guidelines as outlined in the Procedures. Further, I understand that any violation of the conditions, rules and guidelines set out in the Procedures will result in a loss of privileges and/or other consequences deemed necessary.

This agreement will remain in effect for the school year.

Name of Student: _____

Grade Assignment: _____

Student Signature: _____ Date: _____

B. PARENT/GUARDIAN SECTION *(to be completed for all students under 18 years of age)*

I have read the Brandon School Division Procedures on the Use of Information and Communication Technologies by Students and agree that my child shall comply with the Procedures. I understand my child's responsibilities pertaining to the use of ICT and that he/she will participate in orientation sessions provided by instructional staff on the guidelines as outlined in the Procedures. Further, I understand 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.

This agreement will remain in effect for the school year.

Name of
Parent/Guardian: _____

Parent/Guardian
Signature: _____ Date: _____



Brandon School Division *Outlook Live* User Agreement

What is Outlook Live?

Outlook Live is a Web-based email service provided by the Manitoba government for students in Manitoba schools. It is intended to provide a safe and secure environment for Manitoba students to develop their skills in using email to communicate easily and effectively with other students, with their teachers in Brandon School Division and with individuals or organizations for research purposes.

Outlook Live service is made available to students who agree to act in a considerate and responsible manner. In order for students under the age of 18 to qualify for the service, parents must complete a Parent *Permission* Section. Students in Grades 7 through 12 must complete the Student/User Responsibility and Commitment section. Students aged 18 and over need only complete the Student/User Responsibility and Commitment Section. All users are responsible for safeguarding and protecting their user access identification and for their behaviour and communications over the *Outlook Live* network. In addition, students must follow the Divisional *Guidelines for the Use of Information and Communication Technologies by Students (Policy 1007.2)* when accessing *Outlook Live* services.

The *Outlook Live* network is provided through Manitoba Education Research and Learning Information Networks ("MERLIN"), a Special Operating Agency of the Government of Manitoba. 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.

Name of Student: _____
School: _____ Grade: _____
Homeroom Teacher/Teacher Advisor: _____

Student/User Responsibility and Commitment (to be completed by all students in Grades 7 - 12)

As a user of *Outlook Live*, I agree to communicate over the network in a responsible manner while honouring all relevant laws and restrictions. I have read and agree to the terms and conditions contained in this User Agreement.

User Name (print) _____ User Signature _____ Date _____

Parent Permission Section (to be completed for all students under the age of 18 years)

As the parent or legal guardian of the minor student signing below, I have reviewed this User Agreement with my child and agree to the terms and conditions contained herein. I hereby give permission for my son/daughter to have access to the *Outlook Live* email service provided by Brandon School Division and MERLIN.

Parent Name (print) _____ Parent Signature _____ Date _____



**STUDENT/PARENT PERMISSION
FOR WORLD WIDE WEB PUBLISHING
OF STUDENT PHOTOGRAPHS, VIDEOS,
VOICE RECORDINGS AND/OR STUDENT WORK**

This form shall be included in the school's student registration package. A copy of the signed form shall be provided to the classroom teacher/course instructor.

Name of Student: _____

Grade Assignment: _____

From time to time, student photographs, videos, voice recordings and work samples may be selected for publication on a school website. No individual photos or videos will be published. No personal information (e.g., name, address, telephone number) will appear with such photographs, videos, voice recordings and/or student work. The student may be identified only by classroom or group name. Any samples of student work will appear with a copyright notice prohibiting the copying of such work without express written permission from the student and from the parent/guardian of a student under 18 years of age.

Website address where photos, videos, voice recordings and/or student work will appear:
http://www._____

This agreement will remain in effect until the end of the current school year.

A. STUDENT SECTION *(to be completed by all students 18 years of age and over)*

I give permission for the publishing of my photograph or a video of me on the school website for the current school year. Yes____ No____

I give permission for the publishing of a recording of my voice on the school website for the current school year. Yes____ No____

I give permission for selected samples of my work to be published on the school website for the current school year. Yes____ No____

Student Signature: _____ Date: _____

B. PARENT/GUARDIAN SECTION *(to be completed for all students under 18 years of age)*

I give permission for the publishing of my child's photograph or a video of my child on the school website for the current school year. Yes____ No____

I give permission for the publishing of a recording of my child's voice on the school website for the current school year. Yes____ No____

I give permission for selected samples of my child's work to be published on the school website for the current school year. Yes____ No____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____



Student Lockers: Conditions of Use

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 and pay an annual maintenance fee of \$_____. Lockers remain the property of Brandon School Division. By applying for a locker the student agrees that **LOCKERS MAY BE SUBJECT 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 alcoholic beverages, 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

Date