

Application Form 2019-2020

Morris, Rosenort

Student Information						
Print Legal Name:	Home Phone #					
Home School:	Parent/Guardian:					
Birth Date: Month Day Year	Email Address:					
2019-2020 Grade Level (please check only one): 10 11] 12 🗌 Graduate 🗌 Adult (Non Grad) 🗌					
Physical Address: Yard/House # Street	City Postal Code					
Mailing Address (if different than physical address): Box #	City Postal Code					
Last Vocational Program Attended:	Level:					

2019-2020 timetables will verify semester assignment	Please mark section/level Grey areas indicate where the section/level is unavailable		
Program	One	Two	Three
ITT – Introduction to Morris Welding, Auto Body & RVS Auto Tech (Steel toe boots required)		n/a	n/a
Auto Body – Morris School (Steel toe boots required)			n/a
Automotive Technology – RVS, Dominion City (Steel toe boots required)			n/a
Carpentry – W.C. Miller Collegiate, Altona (Steel toe boots required)			n/a
Culinary Arts – W.C. Miller Collegiate, Altona			
Electrical Technology – NPC, Winkler (Steel toe boots required)			n/a
Esthetics – Nail Technology – NPC, Winkler		n/a	n/a
Esthetics – Skin Care Technology – NPC, Winkler	n/a		
Hairstyling – NPC, Winkler			
Health Care Aide – Location to be determined (Gr. 12 Min) Please contact your guidance dept.	n/a	n/a	n/a
Heavy Duty Equipment Technology (Diesel) – GVC TEC, Winkler (Steel toe boots)			n/a
Welding – Morris School, Morris (Steel toe boots required)			n/a
High School Apprenticeship Program	Available throughout the year		

Parents/Guardians				
I give authorization and consent for the Red River Technical Vocational Area to use my child's photograph(s), video and audio recordings, and student work for educational and promotional purposes. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisements, news releases and newsletters, slide shows, video presentations, and the Internet through RRTVA website.				
Please check one for media release: Yes \Box No \Box				
Parent/Guardian Signature (or Applicant if over 18 years of age):				

Date:

For School Use Only (please check at least one box)							
	IEP 🗌	EAL 🗆	BIP 🗌	Adaptations \Box	Modified \Box	None	
MET #: Principal/Authorized School Signature							

Please return the completed Application Form to your home school For more program information, please visit www.rrtva.ca