



W.C. MILLER COLLEGIATE  
Student RegistrationForm  
2020-2021



DEMOGRAPHIC INFORMATION

Student LEGAL NAME - Last, First Middle

Preferred Name

Grade

Date of Birth (MM/DD/YY)

Gender

Home Phone Number

Student Cell Phone Number

Mailing Address:

P.O. Box

Town

Postal Code

Student Email Address

Physical Address:

Street or Civic Address

Town

Postal Code

Resident Division – BLSD or Other

Previous School:

Name

City

Grade(s)

CONTACT INFORMATION

Legal Custody (if applicable)   ☐ Joint   ☐ Mother   ☐ Father   ☐ Guardian   ☐ Agency   ☐ Other: \_\_\_\_\_

Student Resides with: \_\_\_\_\_

Parent or Legal Guardian	Parent or Legal Guardian				
<div>Relationship to student</div> <div>Name</div> <div>Address (if different from student)</div> <div>Home Phone Number      Cell Phone Number</div> <div>Place of Employment      Work Phone Number</div> <div>Email address</div>	<div>Relationship to student</div> <div>Name</div> <div>Address (if different from student)</div> <div>Home Phone Number      Cell Phone Number</div> <div>Place of Employment      Work Phone Number</div> <div>Email address</div>				
Parent or Legal Guardian	Emergency Contacts				
<div>Relationship to student</div> <div>Name</div> <div>Address (if different from student)</div> <div>Home Phone Number      Cell Phone Number</div> <div>Place of Employment      Work Phone Number</div> <div>Email address</div>	<div>Name      Relationship to Student</div> <div>Home Phone Number      Cell Phone Number</div> <div>Name      Relationship to Student</div> <div>Home Phone Number      Cell Phone Number</div> <tr><td colspan="2"><b>Billet Information (if rural)</b></td></tr> <tr><td colspan="2"><div>Name      Relationship to Student</div><div>Home Phone Number      Cell Phone Number</div></td></tr>	<b>Billet Information (if rural)</b>		<div>Name      Relationship to Student</div> <div>Home Phone Number      Cell Phone Number</div>	
<b>Billet Information (if rural)</b>					
<div>Name      Relationship to Student</div> <div>Home Phone Number      Cell Phone Number</div>					

PLEASE NOTIFY THE SCHOOL IF ANY INFORMATION CHANGES

LANGUAGE & CITIZENSHIP

Student’s first language

Language(s) spoken at home

Country of birth

Entry year in Canada

Country of citizenship & Legal status in Canada

HEALTH INFORMATION

Student’s doctor

Clinic/doctor phone number

P.H.I.N Number (9 digits)

Health conditions or allergies

Is the health condition or allergy life threatening?    NO ☐    YES ☐    If YES, please complete a URIS application

ABORIGINAL/INDIGENOUS IDENTITY DECLARATION

Aboriginal 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 Aboriginal 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.

I \_\_\_\_\_, (name of parent/guardian):

☐ 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

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, 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:

☐ Yes, First Nation (North American Indian)

☐ Yes, Métis

☐ Yes, Inuk (Inuit)

Which best describes your child’s Aboriginal cultural-linguistic identity? Please select up to two choices:

☐ Anishinaabe (Ojibway/Saulteaux)

☐ Dene (Sayisi)

☐ Oji-Cree

☐ Inuktitut

☐ Ininiw

☐ Dakota

☐ Michif

☐ Other – specify: \_\_\_\_\_

EMERGENCY MEDICAL PROCEDURE

If your child becomes seriously ill or injured at school or while on a school related activity, school personnel will make every effort to notify you. If we are unable to contact you, or the nature of the illness or injury does not permit delay, we will transfer your child (by car or ambulance, as appropriate) to the hospital. Emergency treatment will occur as deemed necessary by the medical facility.

MEDIA RELEASE

Occasionally the media requests to interview, film, record and/or photograph students. It is the division’s practice to have permission of the parents or guardians of students less than 18 years of age prior to granting this access. To give your consent, please sign below.

*I give my consent for the media to interview, film, record, and/or photograph my child/a child of my guardianship.*

Date

Signature of Parent/Guardian

PARENT/GUARDIAN SIGNATURE

I have read the Student Registration Form and certify **all** information completed to be true. I will provide the school with updated information as circumstances change (ie: address information, contact information, health care needs, etc.)

Date

Signature of Parent/Guardian

## Unified Referral and Intake System (URIS) Group B Application

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)

<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	Name of community program:		
	Contact person:		
	Phone:	Fax:	
	Email:		
	Address (location where service is to be delivered):		
	Street: City/Town: <span style="float: right;">POSTAL CODE:</span>		

### Section II - Child information

<b>Last Name</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>First Name</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Birthdate</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		month (print) D D Y Y Y Y
<b>Also Known As</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Child's PHIN</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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

<input type="checkbox"/>	<b>Life-threatening allergy (and child is prescribed an EpiPen)</b> Does the child bring an EpiPen to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<b>Asthma (administration of medication by inhalation)</b> 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"/>	<b>Seizure disorder</b> What type of seizure(s) does the child have? _____ Does the child require administration of rescue medication (e.g., sublingual lorazepam)?	
<input type="checkbox"/>	<b>Diabetes</b> 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"/>	<b>Cardiac condition</b> 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"/>	<b>Bleeding Disorder</b> (e.g., von Willebrand disease, hemophilia) What type of bleeding disorder has the child been diagnosed with?	



<input type="checkbox"/> <b>Steroid Dependence</b> (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease) What type of steroid dependence has the child been diagnosed with? _____	
<input type="checkbox"/> <b>Osteogenesis Imperfecta (brittle bone disease)</b>	
<input type="checkbox"/> <b>Gastrostomy Feeding Care</b> Does the child require gastrostomy tube feeding at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Does the child require administration of medication via the gastrostomy tube at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> <b>Ostomy Care</b> Does the child require the ostomy pouch to be emptied at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Does the child require the established appliance to be changed at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Does the child require assistance with ostomy care at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> <b>Clean Intermittent Catheterization (IMC)</b> Does the child require assistance with IMC at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> <b>Pre-set Oxygen</b> Does the child require pre-set oxygen at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Does the child bring oxygen equipment to the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<input type="checkbox"/> <b>Suctioning (oral and/or nasal)</b> Does the child require oral and/or nasal suctioning at the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Does the child bring suctioning equipment to the community program? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	

### 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.

Name of Parent/Legal Guardian (PLEASE PRINT)	Relationship to child
Signature of Parent/Legal Guardian	Date
Mailing Address	Postal Code
	Phone number



## ICT\* Use Agreement/Fair Notice

Manitoba Education, Citizenship, and Youth has provincially mandated infusion of technology in teaching and learning so that students may develop literacy for the future. Teachers direct and supervise the use of technology. Technology is required in all curricula.

### Student rights:

- Students, like everyone, have the right to be safe in the online environment\*.
- Students have the right to access information that is free from hate propaganda, sexist, homophobic, racist, pornographic, or obscene content.
- Students have the right to access selected educational ICT resources for their learning.

### Student responsibilities:

- *Appropriate behavior:* When using ICT, all students will maintain the behavior outlined in their school's Code of Conduct.
- *Safe behavior:* Students will not reveal, post, or send personal information about themselves or others in the online environment (last name, address, phone number, pictures, passwords, or school name).
- *Respect for others in the online environment:* Students will be polite and will create and use appropriate content. Students will not offend or threaten others.
- *Responsible participation:* Students will exit any inappropriate sites or resources and will inform a teacher if inappropriate resources are accessed.
- *Work cooperatively:* Students will work with peers and staff to create a positive environment to enhance learning.
- *Respect for property:* Students will treat equipment with respect and will follow the school guidelines for ensuring that equipment is properly maintained and the network remains secure. Students will respect the owners of ideas by requesting permission for use of copyrighted work, and by giving credit to the source of the information that they access.

### School responsibilities:

- Border Land School Division (BLSD) has a responsibility to provide a safe learning environment. We take precautions to protect our staff, students, and schools by restricting access to inappropriate materials.
- BLSD staff have a responsibility to teach students about safe, responsible, ethical, and appropriate use of ICT.
- Students use technology in an open and constantly changing environment. Potential risks or dangers always remain, and BLSD cannot guarantee that access to ICT will be free from all controversial or inappropriate materials. We will do our best to provide a safe and secure learning environment.

Please review the Rights and Responsibilities for your child's participation in learning activities using ICT. Take some time to discuss these with your child.

*I have reviewed the ICT Acceptable Use agreement and understand that my child will be using the internet for learning. I understand that any threat to a safe learning environment will be investigated, regardless of where it takes place. I understand that any inappropriate behavior may result in discipline, and that ICT equipment may be confiscated.*

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date (MM/DD/YEAR)

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Child's signature

\_\_\_\_\_  
Date (MM/DD/YEAR)

\*ICT = information communication technology, it includes any devices that are used to communicate, store, or access information. Some examples include: cell phone, MP3, PSP, laptops, school computers, iPod, iPhones, etc.

\*Online environment = refers to the use of ICT for communication, regardless of location or application. The online environment is public. Some examples of online environments include: Twitter, Facebook, instant messaging, e-mail, websites, blogs, forums, etc. For example, cyberbullying that "starts" at a home computer, or on a cellphone, is still investigated at school, because it impacts the safety of the learning environment.

## BORDER LAND SCHOOL DIVISION

### STUDENT REQUEST FOR LOCKER USE

Parent(s)/Guardian(s) must agree to, and be willing to abide by the following terms and conditions regarding the request of assigning of a locker to the student by completing the form at the end of this document.

#### Terms and Conditions:

1. All lockers in Border Land School Division are owned by, and remain the property of the Division.
2. The student requesting the use of a locker should expect that any locker, once assigned to them, will be for their sole use and convenience and will remain so only for the current school year.
3. If the student wishes to secure the locker, only locks made available for that purpose by the school will be used. The school may charge a fee for the use of the lock.
4. When accepting the use of a school locker, the student does so understanding that;
  - The ownership of the locker remains with the School Division.
  - The locker is not considered to be part of the student's private property.
  - School personnel may open and search the locker at any time they have reasonable cause to do so.
  - Should an RCMP narcotics team be requested to do a sweep for illegal substances, any locker(s) identified by any team member, including a trained dog - may be opened and searched without any contact with, or permission from, the student to whom the locker has been assigned.
5. Any item(s) removed from the student's locker during a search may be held by the Principal or designate, pending school disciplinary procedures and/or further criminal investigation.
6. The student's continued right of access to the locker throughout the school year will be subject to the demonstration of the appropriate use of the assigned locker and the decision of the Principal.
7. The student will remove all books, materials and personal items from the assigned locker no later than the last day of instruction/exams in the school year.
8. If the individual to whom a locker has been assigned ceases to be a student of the school for any reason, at any time during the school year, all books, materials and personal items must be removed from the locker within twenty-four hours of their departure.

Items found at any time in vacant lockers, including lockers deemed vacant according to items 7 and 8 above, may be disposed of by the Principal, or designate, in a prudent manner. If said items are forbidden by policy and/or illegal, they may be retained for the appropriate follow-up action.

We, the undersigned, hereby agree to be bound by the above terms and conditions of/for locker use by students in the schools of Border Land School Division.

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

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

\_\_\_\_\_  
Student Name (Please Print)

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

Dated:

\_\_\_\_\_  
Signature for the School

Dated:

Locker Assigned: #





# W. C. Miller Collegiate

Principal: Angela Pilkington

Vice Principal: Derek Wahl

September 2019

Dear parents/guardians;

There are times when our school and teachers plan various educational activities that take students away from the school. These field trips occur within the town of Altona or Gretna and are made to access facilities like the Millennium Exhibition Centre, Buhler Hall, the Altona Park or area businesses. Students are transported by bus or are supervised while walking to and from different locations.

We wish to have parents/guardians sign and return this permission slip for each student so that your child can attend the school field trips that occur within the area without having to get your permission each time.

We would appreciate your cooperation in sending this back to the school as soon as possible.

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**W.C. Miller Collegiate  
2019-2020**

## LOCAL TRAVEL PERMISSION SLIP

This is to certify that my son/daughter \_\_\_\_\_  
(Student's Name & Grade)

has my permission to attend school excursions within the town of Altona and Gretna. The understanding is that each student will remain with the group and will follow the direction of the teacher who has charge of the party.

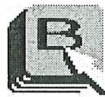
Students are expected to follow the expectations that are laid out in our school handbook. As well, they are expected to follow any rules or safety procedures required at the host locations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

Alternate Formats Available Upon Request





## ***Request for Transportation***

***Please note: A student's enrolment to a school outside of their designated catchment area and/or division does not guarantee transportation services.***

**Application:** New \_\_\_\_\_ Change \_\_\_\_\_ Re-Apply \_\_\_\_\_

**Enrolment:** Regular \_\_\_\_\_ School of Choice \_\_\_\_\_ Program not Offered \_\_\_\_\_

Student's Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_ **Program:** English \_\_\_\_\_ French Immersion \_\_\_\_\_

Start Date: \_\_\_\_\_ D.O.B. Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Legal Land description: (Example-NW3-3-5E) **If outside Town:** \_\_\_\_\_

Civic/911 Address and Municipal Road # **(Required):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Dad Cell: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Students Currently Bussed from this Address? \_\_\_\_\_

Is the pickup address the same as the address of the residence? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No": Legal description of land: \_\_\_\_\_

Civic/911 Address: \_\_\_\_\_ Town/City \_\_\_\_\_

Name of Care Giver: \_\_\_\_\_ Phone #: \_\_\_\_\_

### ***SCHOOL USE ONLY***

Does this student have any special needs? No or Yes \_\_\_\_\_

Does this student have any health concerns? No or Yes \_\_\_\_\_

Does this student require a: Bus Aid \_\_\_\_\_ Wheel Chair \_\_\_\_\_ Harness \_\_\_\_\_ Lap Belt \_\_\_\_\_

### ***TRANSPORTATION OFFICE USE ONLY***

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Bus # \_\_\_\_\_ PU Time \_\_\_\_\_ Location \_\_\_\_\_

Denied: Unavailability of Space \_\_\_\_\_ Walking Distance \_\_\_\_\_ No Route in Area \_\_\_\_\_

***Transportation Department***

***127 Waddell Ave, Box 98***

***Dominion City, Manitoba, R0A0H0***

***1-204-427-2091, 1-866-427-2091, [nicholst@blsd.ca](mailto:nicholst@blsd.ca)***