



COLLÈGE CHURCHILL



510 Hay Street (Lower Level)
Winnipeg, Manitoba R3L 2L6
Phone: 204-474-1305
Fax: 204-452-0290

Website: www.wsd1.org/collegechurchill
Email: collegechurchill@wsd1.org

Inscription 7e année / Grade 7 Registration 2017-2018

Student name: _____

- Program:
- Grade 7 Late Entry French Immersion
 - Grade 7 Continuing Immersion
 - Hockey Academy (I understand that there will be certain conditions including a cost of approximately \$1,800.00)

All Grade 7 students at Collège Churchill are required to take the following program:

*All instruction is in the French language *except for the courses marked with an asterisk (*)*.

*Please note that Hockey Academy students will not be taking Art, Band or Practical Arts.

Arts Plastiques	Band*
Éducation Physique	English Language Arts *
Français	Mathématiques
Practical Arts (Shops/Home Economics)*	Sciences Humaines
Sciences Naturelles	

*Course information can be found online in our Handbook at www.wsd1.org/collegechurchill
Please contact the school office should you require a hard copy.*

As part of the curriculum, students will sometimes go on walking trips within the community.

This is to certify that:

The student named on this application is a resident of the Winnipeg School Division.

_____ yes no

I/we concur with the choice of program and options.

Signature of Parent/Guardian

Date

****Please return this application to our office by March 1st, 2017.****
Please come to our Open House/Expo-Science on Tuesday, February 7th, 2017 at 6:30 p.m.



WINNIPEG SCHOOL DIVISION



**WINNIPEG SCHOOL DIVISION
STUDENT APPLICATION PACKAGE FOR REGISTRATION
(PART I OF II)**

Entry Date: _____
Day Month Year

COLLEGE CHURCHILL		MET. NO.		STUDENT NO.	
SCHOOL					
Grade	Room	Program Code	Voc. Code	Resident - Yes /No	Catchment - Yes/No
Move - Effective Date					

Information to be entered by Student's Parents/Guardians - PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES.

STUDENT INFORMATION (Please Print)

Legal Last Name _____ Birthdate _____ Verified

First Name _____ Day Month Year

Second Name _____ Country of Birth Canada

Name Known by _____ or _____

If not a Canadian citizen, please indicate below

Gender Female Male Landed immigrant Government Assisted Refugee Private Sponsor Refugee Visa student

Languages Spoken at home English Yes No Date Entered Canada _____
Day Month Year

See Aboriginal/Ancestral/Cultural Identities and Languages Declaration pages in Part II (Voluntary)

Current or Last school attended _____ UCI Number _____

If your current school is NOT in the Division, have you ever attended a school in the Division before? Yes No

If Yes, what was the name of the Division school and year attended? School _____ Year _____

STUDENT ADDRESS

Apt. No./Street No./Street _____ City Winnipeg _____ or _____

Postal Code _____ Home Phone _____ Unlisted Student Lives on Own or _____

PARENT/ LEGAL GUARDIAN AND CONTACT INFORMATION

LEGAL CUSTODY (only if applicable) Joint <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> Agency <input type="checkbox"/>	
PARENT OR LEGAL GUARDIAN <i>Student Lives With</i> <input type="checkbox"/>	PARENT OR LEGAL GUARDIAN <i>Student Also Lives With</i> <input type="checkbox"/>
Relationship to student _____	Relationship to student _____
Last Name _____	Last Name _____
First Name _____	First Name _____
Address if different from student _____	Address if different from student _____
City/Prov. _____ Postal Code _____	City/Prov. _____ Postal Code _____
Home Phone _____ <input type="checkbox"/> Unlisted	Home Phone _____ <input type="checkbox"/> Unlisted
Work Phone _____ ext. _____ Cell/Other _____	Work Phone _____ ext. _____ Cell/Other _____
Email _____	Email _____
Employer _____	Employer _____
PARENT OR LEGAL GUARDIAN <i>Student Also Lives With</i> <input type="checkbox"/>	EMERGENCY CONTACT (if parent/guardian cannot be reached)
Relationship to student _____	Relationship to student _____
Last Name _____	Last Name _____ First Name _____
First Name _____	Home Phone _____ Work Phone _____
Address if different from student _____	Cell/Other _____
City/Prov _____ Postal Code _____	DAYCARE Name _____ Phone _____
Home Phone _____ <input type="checkbox"/> Unlisted	MEDICAL INFORMATION _____ Manitoba Health Registration No. _____ Personal Health ID No. _____ Health Concerns / Allergies _____
Work Phone _____ ext. _____ Cell/Other _____	
Email _____	
Employer _____	

Pre-School/ School Age Siblings	Name	Birthdate	Gender	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date: _____ Signature of Parent/Guardian: _____

This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have questions about the collection, please contact your school principal.

Student Name: _____
Student #: _____
School: COLLÈGE CHURCHILL



Aboriginal Identity Declaration EIS Data Collection

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.)

1. 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.

2. 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)

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

- | | |
|--|--|
| <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: _____ |

Parent/Guardian Signature _____ Date: _____

WINNIPEG SCHOOL DIVISION
STUDENT APPLICATION PACKAGE
FOR REGISTRATION

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Student Name: _____
Student #: _____
School: COLLÈGE CHURCHILL

Ancestral / Cultural Identification and Languages Declaration

Providing this personal information is voluntary and optional. If your child is not an Aboriginal person, what is their ancestral or cultural identity? Or what other ancestral or cultural identities does your child have? For example, Chinese, Swazi, Filipino, etc.

What language(s) other than English are spoken at home? (E.g. French, Tagalog, Cantonese, Spanish)

Parent/Guardian Signature: _____

Additional Health Concerns

Please indicate (✓) all health care needs that apply to your child:

- | | |
|--|---|
| <input type="checkbox"/> Anaphylaxis: Life-threatening allergy (child is prescribed an EpiPen) A letter and additional form will be provided | |
| <input type="checkbox"/> Asthma: (administration of medication by inhalation) A letter and additional form will be provided. | |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Ostomy Care |
| <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Pre-set Oxygen |
| <input type="checkbox"/> Clean Intermittent Catheterization | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Diabetes: Type 1 or Type 2 | <input type="checkbox"/> Steroid Dependent Condition |
| <input type="checkbox"/> Gastrostomy Feeding Care | <input type="checkbox"/> Suctioning (oral and/or nasal) |
| <input type="checkbox"/> Osteogenesis Imperfecta (brittle bone disease) | |

If you have checked any of the above health care needs, the school will provide you with information on services available from the Unified Referral and Intake System (URIS) Application. The URIS application will be submitted to the Winnipeg Regional Health Association (WRHA) URIS nurse to ensure that best services will be provided.

My child does not have any of the above listed health care concerns.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

- URIS Group B Application Given to Parent/Guardian
 URIS Group Application, not applicable

Initial: _____ Date: _____

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Please complete and return all pages of this registration package to your child's school office.

**WINNIPEG SCHOOL DIVISION
STUDENT APPLICATION PACKAGE
FOR REGISTRATION**

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Student Name: _____

Student #: _____

School: COLLÈGE CHURCHILL

Informed Consent-Students

Attention Parents/Guardians/Adult Students: Please complete and return this form to the school as soon as possible. This information will be kept on file for reference throughout the school year.

1. Publish or Display Student Work

Our school would like to share information and communicate with parents/guardians by highlighting the school, students and student work or activities in a variety of publications and/or Division organized or sponsored event. The following are examples only and not meant to be an inclusive list of how student information and work may be published or 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;
- division publications, or school publications, which are posted to the school or Winnipeg School Division website;
- or posting or publishing on the school or Winnipeg School Division websites.

Please note: Student photographs posted to the school or Winnipeg School Division websites will not identify students by name. Please indicate your choice below:

- I GIVE CONSENT** to the Winnipeg School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or at a Division organized or sponsored events. I understand that photographs of students posted to the school or Winnipeg School Division websites will not identify students by name.
- I DO NOT GIVE CONSENT** to the Winnipeg School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or Division organized or sponsored events.

2. Media

Many positive things take place in our schools and we would like to share this good news with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with the permission of the principal or vice-principal.

Please indicate your choice below:

- I CONSENT** to my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.
- I DO NOT CONSENT** to my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.

3. Emails:

The electronic distribution of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.

- I CONSENT** to receive information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.
- I DO NOT CONSENT** to receive information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.

Parent/Guardian or Adult name (please print): _____ Date: _____

Signature of Parent/Guardian or Adult Student: _____

Please note: Should circumstances change during the school year, you may change your consent at any time by contacting the school principal in writing.

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Please complete and return all pages of this registration package to your child's school office.

WINNIPEG SCHOOL DIVISION
STUDENT APPLICATION PACKAGE
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Student Name: _____

Student #: _____

School: COLLÈGE CHURCHILL

Application for the Use of the Online Information Resources in the Winnipeg School Division

I understand and abide by the Division Policies, and applicable legislation for the responsible use of technology (Division/personal devices) and social media applications including use of the Winnipeg School Division networks.

Student Signature: _____ Date: _____

Parent/Guardian:

As the parent/guardian of the student, I understand that access is designed for educational purposes as set out by The Winnipeg School Division policies and applicable legislation. I hereby give permission to my child to have access to all technologies and Division approved social media within the Winnipeg School Division.

- I consent to allowing my child to have access to all technologies and social media
- I do not consent to allowing my child to have access to all technologies and social media

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

School Authorization: _____ Date: _____

REGISTRATION INFORMATION & DOCUMENTATION FOR:

Student Name: _____ Student #: _____

Student Registration Checklist The following documentation is required in order to process your application. Please note that one form of documentation is required for each of A, B and C category.	Documents	
	<i>Received</i>	<i>Requested</i>
A. Parent must provide:		
◆ Manitoba Medical card listing the child and parent(s) name		
◆ Other medical card listing the child and parent(s) name if from another province.		
Legal Guardian must provide (if legal custody is in question):		
◆ Court-ordered document signed by a judge		
B. Residency		
One of the following documents must be provided with the current address:		
◆ Property Tax Bill (for primary residence ONLY and not rental property)		
◆ Rental/Lease Agreements		
◆ Utility Bills, i.e. Hydro (<i>Driver Licence are acceptable for photo ID only, not for residency address</i>)		
◆ Child Tax Benefit Statement with address		
C. Citizenship		
◆ Birth Certificate, Canadian passport or Treaty Card		
Not Citizens? Then one of the following documents MUST be provided:		
◆ Landed Immigrant (Permanent Residence) documents		
◆ Work Visa		
◆ Study visa		
◆ Refugee Status		
NOTE: If none of the above & the applicant indicates they have made application for permanent residency -they are visitors and therefore must pay and have health insurance coverage.		
For transferring students, their transcript (or student's most recent academic report) from his/her previous school is required. As per the Manitoba Department of Education (<i>Letter rec'd 10-June-2016</i>) the list on the right are acceptable forms of identification to satisfy the age/eligibility requirements: (<i>indicate which ID was provided</i>)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Certificate of live birth <input type="checkbox"/> Health Card (for age only) <input type="checkbox"/> Statutory declaration	
School Office Use Only:		Initial
<input type="checkbox"/> Additional documentation required as indicated above	Date: _____	
<input type="checkbox"/> Registration Complete and Entered into Mayet	Date: _____	
<input type="checkbox"/> Mayet / CUM File requested	Date: _____	
<input type="checkbox"/> Transportation Required Submitted	Date: _____	