



Success for All

# School District of Mystery Lake

## RD Parker Collegiate

### Student Registration



Learners Today, Leaders Tomorrow!

Date: \_\_\_\_\_ # of credits acquired: \_\_\_\_\_

Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(As per Birth Certificate) Last Name First Name Middle Name(s)

Preferred name \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(Where the student resides during the school year)

Gender: \_\_\_\_\_ Date of Birth: MM / DD / YYYY Primary phone #: \_\_\_\_\_

Preferred Email: \_\_\_\_\_  
(Broad cast communication/attendance)

Home Language: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

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

NorthStar ☐ Mature Student ☐ 18+ ☐ Upgrading ☐ Youth Build ☐

Student lives with: ☐ guardian ☐ independently ☐ foster parent ☐ houseparent \_\_\_\_\_  
(full name)

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Name of person(s) who have LEGAL custody: \_\_\_\_\_  
(please provide documentation as necessary)

In care of CFS (Child & Family Services): ☐ yes ☐ no

Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Sponsored student Non-Tuition Form provided ☐ yes ☐ no Agency: \_\_\_\_\_  
 Student Advisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Mother/guardian Legal name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Father/guardian Legal name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: (other than parents) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Emergency Contact: (other than parents) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

### Residency Status

- ☐ Canadian Citizen      Birth Country (if not Canada) \_\_\_\_\_
- ☐ Landed Immigrant    ☐ Federally Funded    ☐ Visa Student    Visa Expiry Date: \_\_\_\_\_
- ☐ Refugee                Arrival date in Canada \_\_\_\_\_

### Aboriginal Identity

*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), 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:

- ☐ Yes, First Nation (North American Indian)
- ☐ Yes, Metis
- ☐ Yes, Inuk (Inuit)

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

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux)     | (100) | <input type="checkbox"/> Ininiw (Cree) | (110) |
| <input type="checkbox"/> Dene (Sayisi)                       | (120) | <input type="checkbox"/> Dakota        | (130) |
| <input type="checkbox"/> Oji-Cree (inc. Island Lake Dialect) | (140) | <input type="checkbox"/> Michif        | (240) |
| <input type="checkbox"/> Inuktitut                           | (310) | <input type="checkbox"/> Other – _____ | (400) |

Band \_\_\_\_\_ Treaty # \_\_\_\_\_

### Undertakings/Protection orders/Probation orders

Is there a current Undertaking, Protection order or Probation order for this student? ☐ Yes ☐ No

Has a copy been provided to the Principal? ☐ Yes ☐ No

### Local Field Trip Release

- ☐ Yes, I will allow my child, (or myself if 18 years of age) to participate in supervised activities off school property but within Thompson; ie; organized school walks
- ☐ No, I will not allow my child, (or myself if 18 years of age) to participate in supervised activities off school property but within Thompson

## Permission to display student photos in print and electronically

To celebrate our learning community here at R.D. Parker Collegiate we take pictures of activities that happen during the school year including graduation. The pictures would sometimes be of you, your family and your child and could be used in print and electronic forms.

Print forms would include paper copies of images and be used for things like posting on bulletin boards throughout the school, used in the print media, in our school yearbook and for graduation purposes. Also we ask permission for the release of graduating student's addresses to the photography company for the delivery of pictures taken at graduation, and to the Churchill Member of Parliament and the Thompson Member of Legislature for the purpose of receiving congratulatory pins and certificates.

Electronic formats would be pictures and videos that would appear on the Internet. Electronic forms would include pictures, slideshows, videos, and audio recordings. These would be on our school website at <http://webserver.mysterynet.mb.ca/rdpc>

Since your child may appear in some of these photos we require your permission to display them in the formats described above. If at any time you would like a picture that we have published removed from the internet, please contact the school and we will have it removed.

After reading the above information;

- ☐ Yes, I will allow images and the address of my child to be used as described (or myself if 18 years of age)
- ☐ No, I will not allow images and the address of my child to be used as described (or myself if 18 years of age)

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## Technology Pledge

### Acceptable Use Agreement

R. D. Parker Collegiate promotes academic, character and relationship development by providing students opportunities to access information, communication, and research sources throughout the world. Therefore, RDPC endorses the use of advanced technology to support student learning. In this document technology includes, computers, devices, network connections, wireless access, Internet access, email accounts, installed software, file servers, storage devices, digital/video cameras, electronic laboratory devices, video tools, printers, electronic keyboards, interactive whiteboards/smartboards, external storage devices and any emergent technology.

### Proper and Ethical Use

All authorized users of SDML computers and associated technology must understand and practice proper ethical use. This includes using personally owned computers on the Division's wireless networks. The use of the Division's network system is a privilege, not a right, and the Division has the authority to determine inappropriate use. If you violate the Technology Acceptable Use Agreement, you may lose your user account and/or computer use privileges. In some cases, law enforcement could be involved. The Division reserves the right to update these procedures during the school year.

**I am responsible for the following:**

### Acceptable Use

- Division technology is for academic use only.
- Handle all Division-owned technology with care and respect the physical space surrounding Division computers.
- Students and their parents/guardians are financially liable for damages to Division-owned technology if the damage is caused by a student's misuse or neglect.
- Students may save and transmit files for educational purposes only. Each student will be allotted file server storage limited exclusively to academic files.
- The following technology-related actions/activities are **not allowed**:
  - Transmitting any material in violation of Division procedures and/or Canada's laws or regulations, including but not limited to, transmitting copyrighted material, threatening or obscene material, or material protected by trade secret.

- Inappropriate use of technology or technology facilities.
- Attempt to circumvent the firewall, content filter, or other security measures.
- Use of file sharing (peer-to-peer) applications without Division approval is strictly prohibited.
- Playing non-educational computer games (i.e. games without a curricular connection).
- Downloading or otherwise installing software applications on Division-owned computers without prior consent from the Director of Technology.
- Using Division computers for commercial activities or product

## Google Applications

- Students may use Google applications as learning tools throughout the year. Applications include, but are not limited to, Gmail for email communication, Google Drive for data storage, Google Apps for document creation, Google Calendar and Google Contacts.
- Google's data is not stored in Canada, therefore the data is subject to US laws. The Google Apps for Education Agreement between the Division and Google provides assurances that Google will not release any personal information unless it is required to do so by law, and only after they have made reasonable efforts to notify the user of the request and provide the Division with a chance to challenge the disclosure.
- By signing this agreement, parents/guardians and students are providing informed consent for the creation and use of the student's Division Google account.

## Monitoring

Division staff reserves the right to review material on user accounts as well as monitor internal or external file server space and Internet user history when necessary in order to determine whether inappropriate use has occurred.

## Network Etiquette

When communicating online, all users are expected to abide by the generally accepted rules of digital citizenship. These include, but are not limited to, the following:

- Be polite. Use kind and positive language in all your communications.
- Be thoughtful. Technology is a tool to support your learning. Contribute thoughtfully.
- Be safe. Do not reveal personal information such as personal addresses or phone numbers.

### If inappropriate use occurs, you could:

Lose your network and computer use privileges; this includes access to individual workstations, Division file servers, wireless networks, or Internet access;

Be subject to other school disciplinary actions, such as a parent conference or suspension. In some cases, law enforcement could be involved. The Division has taken reasonable precautions to limit inappropriate use and restrict access to offensive and questionable material and uses. However, due to the nature of technology and the Internet, absolute control of all on-line activities is impossible. The ultimate responsibility for appropriately using technology rests in the hands of the user. The Division cannot be held liable for unacceptable use.

\_\_\_\_\_  
Student's First and Last Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Manitoba Health Registration # (6 digits) \_\_\_\_\_ PHIN # (9 digits) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

**Health Needs – check all that apply**

☐ Allergies ..... ☐ Yes ☐ No (If yes, specify) \_\_\_\_\_

**Life Threatening Allergy** ☐ Yes ☐ No

**Requires EpiPen** ☐ Yes ☐ No

Epi-pen carried by student ☐ Yes ☐ No

Extra epi-pen stored at school ☐ Yes ☐ No

☐ **Asthma** ..... ☐ Yes ☐ No

Prescribed an inhaler ☐ Yes ☐ No

Inhaler carried by student ☐ Yes ☐ No

Extra inhaler stored at school ☐ Yes ☐ No

☐ **Diabetes** ..... ☐ Yes ☐ No

Insulin Dependent ☐ Yes ☐ No

Prescribed an auto-injector ☐ Yes ☐ No

Auto-injector carried by student ☐ Yes ☐ No

Extra auto-injector stored at school ☐ Yes ☐ No

☐ **Bleeding Disorder** ..... ☐ Yes ☐ No

Prescribed medication ☐ Yes ☐ No

☐ **Cardiac Condition** ..... ☐ Yes ☐ No

Prescribed medication ☐ Yes ☐ No

☐ **Seizure Disorder** ..... ☐ Yes ☐ No

Prescribed medication ☐ Yes ☐ No

☐ Hearing Aides ..... ☐ Yes ☐ No

☐ Corrective Lenses ..... ☐ Yes ☐ No

☐ Medications ..... ☐ Yes ☐ No

Self-medicating ☐ Yes ☐ No

Needs help medicating ☐ Yes ☐ No

Medications stored at school ☐ Yes ☐ No

Circumstances under which medication is to be given (please also complete procedure 1.B.140): \_\_\_\_\_

☐ Other Diagnoses ..... ☐ Yes ☐ No (If yes, specify) \_\_\_\_\_

If you answered “yes” to any **highlighted**, italicized health needs above, please also complete a URIS form.

It is the responsibility of parents/guardians to notify the school immediately of any health factors or health changes of which the school should be aware.

I certify that the information submitted in this application is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

Authorization for admittance \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_ ENTERED INTO CIMS  
\_\_\_\_ SCANNED  
\_\_\_\_ ADDED TO FOLDER  
\_\_\_\_ CREDITS  
\_\_\_\_ PROOF OF LEGAL NAME  
\_\_\_\_ PROOF OF RESIDENCE  
\_\_\_\_ MED ALERT IF URIS  
\_\_\_\_ WEB FORMS  
\_\_\_\_ MET NUMBER