



BRANDON SCHOOL DIVISION

VINCENT MASSEY HIGH SCHOOL

2018 2019

GRADE YOU ARE APPLYING TO ENTER: [ ] GR 9 [ ] GR 10 [ ] GR 11 [ ] GR 12
ARE YOU AN EAL STUDENT? [ ] YES [ ] NO
ARE YOU APPLYING TO BE DOUBLE REGISTERED? [ ] CROCUS [ ] NEELIN

STEP 1: STUDENT DEMOGRAPHIC INFORMATION

LEGAL LAST NAME: BIRTH DATE: YEAR MONTH DAY
LEGAL NAMES: FIRST: MIDDLE: GENDER: [ ] MALE [ ] FEMALE
COMMON NAME CALLED: PHONE #(S): (phone #(s) to receive school phone calls/recorded messages re attendance, school information, graduation, teacher contact)
STREET ADDRESS: STUDENT CELL PHONE:
P.O. BOX #: LEGAL LAND LOCATION: PHIN (9 DIGIT):
CITY, POSTAL CODE: COUNTRY OF ORIGIN: (where the student was born, other than Canada)
STUDENT 2nd ADDRESS if applicable (ie joint custody):

STUDENT LIVES WITH: [ ] PARENTS [ ] FATHER [ ] MOTHER [ ] OTHER (please specify):
CUSTODY: [ ] Both [ ] Joint (shared)
[ ] Mother [ ] Child in Care
[ ] Father [ ] Guardian / Special Custody Circumstances / Court Orders:
(Specify: It is the responsibility of the parent, guardian, or agency to provide Appropriate Court Documentation. Child in Care Form, etc. to the school.)

STEP 2: ADDITIONAL DEMOGRAPHIC INFORMATION

PARENT:
RELATIONSHIP TO STUDENT:
ADDRESS ([ ] same as student):
EMAIL :
HOME PHONE:
CELL PHONE:
WORK PHONE:

PARENT:
RELATIONSHIP TO STUDENT:
ADDRESS ([ ] same as student):
EMAIL :
HOME PHONE:
CELL PHONE:
WORK PHONE:

IF APPLICABLE (if student NOT living with parent)

LEGAL GUARDIAN:
RELATIONSHIP/AGENCY:
ADDRESS:
CELL PHONE:
HOME PHONE:
WORK PHONE:
EMAIL:

BRANDON EMERGENCY CONTACT (if parent cannot be reached)

NAME:
EMERGENCY PHONE #: (Local phone # only)

STEP 3: DECLARATION OF NON-RESIDENCY

NON-RESIDENT: [ ] YES [ ] NO (COMPLETE THE FOLLOWING IF "YES"):
SPONSORING AGENCY/SCHOOL DIVISION:
IF APPLICABLE: BAND: TREATY #:

STEP 4: MEDICAL INFORMATION - URIS FORM

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.

STEP 5: ACADEMIC HISTORY

PREVIOUS SCHOOL:
PREVIOUS SCHOOL ADDRESS:
PHONE: FAX : (required to request student records)

## STEP 6: ABORIGINAL 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, 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.

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, Métis
- Yes, Inuk (Inuit)

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

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other – please specify \_\_\_\_\_

## STEP 7: TECHNOLOGY AND COMMUNICATIONS RESOURCES USER AGREEMENT

**Student Section** (to be completed by all students)

*As a user* of BSD Technology, I have read and agree to the terms and conditions contained in this User Agreement and the Technology and Communications Resources User Procedures.

**Section A: Safe Use of Technology and Communications by Students**

- Yes  No I have read the BSD Procedures regarding the Safe Use of Technology and Communications by Students and agree to comply with them.

**Section B: BSD Student Email User Agreement**

- Yes  No *As a user* of Student Email, I agree to communicate over the network in a responsible manner while honouring all relevant laws and restrictions.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if student is under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

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

**Section C: External and Internal Student Media Release**

- Yes  No I hereby give my permission that I/my child may be photographed or recorded (audio or video) or published as outlined in the Technology and Communications Resources User Procedures.
- Yes  No I hereby give my permission that I/my child may participate in media events that may be published or broadcast by organizations external to the Brandon School Division.
- Yes  No I hereby give my permission that I/my child may be showcased or interviewed by external media and may be published or broadcast.

**Parent/Guardian Section**

I have received a copy of and have read the Brandon School Division Technology and Communications Resources User Procedures and agree that my child shall comply. I understand my child's responsibilities pertaining to the use of Technology and Communications resources.

**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.**

Parent/Guardian Signature (if student is under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_



## Administrative Form 6075

### ***Student Lockers – Conditions of Use***

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**Administrative Procedures Cross Reference:**

Student Lockers – Conditions of Use

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**Date Amended:** December 2017

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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. Lockers remain the property of Brandon School Division. By applying for a locker the student agrees that **LOCKERS MAY BE SUBJECTED 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:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.

6. No alcoholic beverages, controlled substances, weapons or prohibited or offensive material may be placed in the locker.
7. 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.
8. 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.
9. I agree to keep the locker clean and to remove foodstuffs on a regular basis.
10. 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.
11. 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.
12. I agree to clean out my locker at the end of the school year.

\_\_\_\_\_  
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 Signature

\_\_\_\_\_  
Date

## UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP B APPLICATION (a)

**Review application, complete and sign in ink – to be completed ANNUALLY.**

The purpose of this form is to identify the child's specific health care and if applicable, 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. URIS is a partnership of Health, Education and Family Services. If you have questions about the information requested on this form, you may contact the community program.

**Section I – To be completed by the community program**

<b>Type of community program (please ✓)</b>  <input checked="" type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program <input type="checkbox"/> Other: _____ _____	<b>Community Program Name:</b> VINCENT MASSEY HIGH SCHOOL	<b>Location of Service:</b> <input checked="" type="checkbox"/> Same as on left
	Contact person: IAN BENSON, RESOURCE	Contact person:
	Phone: 204-729-0327    Fax: 204-729-0363	Phone: _____    Fax: _____
	Email: benson.ian@bsd.ca	Email: _____
Mailing address: 715 MCDIARMID DR Street address: BRANDON, MB City/Town: R7B 2H7 Postal Code:		Mailing address: Street address: City/Town: Postal Code:

**Section II - Child information - to be completed by parent**

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		<small>Month (print)    D    D    Y    Y    Y    Y</small>
<b>Preferred Name (Alias)</b>	<b>Age</b>	<b>Grade</b>
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
		<b>Gender</b>
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

Does your child ride the bus?     YES     NO

**Does your child have any of the following listed health concerns?     YES     NO (check (✓) one)**

➤ If you have answered **NO**, please sign here and return this form to the community program.

Parent/ Legal Guardian NAME \_\_\_\_\_ Parent/ Legal Guardian SIGNATURE \_\_\_\_\_ DATE (MON/DD/YYYY) \_\_\_\_\_

- If you have answered **YES**, please complete the remainder of the form **including Section III**.
- Please check (✓) **all** health care conditions for which the child requires an intervention during attendance at the community program. Return the completed form to the community program.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    Does the child bring an injector to the community program?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Asthma (administration of medication by inhalation)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    Does the child bring reliever medication (puffer) to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO    Does your child know <u>when</u> to take their reliever medication (puffer) e.g. can recognize signs of asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO    Can your child take their reliever medication (puffer) <b>on their own</b> ? IF NO, describe what your child needs help with: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Seizure disorder What type of seizure(s) does the child have? _____</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    Does the child require administration of rescue medication? <input type="checkbox"/> Lorazepam <input type="checkbox"/> Midazolam <input type="checkbox"/> YES <input type="checkbox"/> NO    Does the child require the use of a vagal nerve stimulator (wand)?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Diabetes What type of diabetes does the child have?    <input type="checkbox"/> Type 1    <input type="checkbox"/> Type 2</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    Does the child require blood glucose monitoring at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO    Does the child require assistance with blood glucose monitoring? <input type="checkbox"/> YES <input type="checkbox"/> NO    Does the child have low blood glucose emergencies that require a response?

Unified Referral and Intake System (URIS) Group B Application

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Ostomy Care</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have an ostomy/stoma? <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	<b>Gastrostomy Care</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have a gastrostomy tube? Type of tube: _____ <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 program?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Clean Intermittent Catheterization (CIC)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require CIC? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with CIC at the community program?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Pre-set Oxygen</b>	<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	<b>Suctioning (oral and/or nasal)</b>	<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	<b>Cardiac Condition where the child requires a specialized emergency response at the community program.</b>	What type of cardiac condition has the child been diagnosed with? _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Bleeding Disorder (e.g., von Willebrand disease, hemophilia)</b>	What type of bleeding disorder has the child been diagnosed with? _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Endocrine Conditions (e.g. steroid dependence, congenital adrenal hyperplasia, hypopituitarism, Addison's disease)</b>	What type of steroid dependence has the child been diagnosed with? _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Osteogenesis Imperfecta (brittle bone disease)</b>	What type? _____

**Section III - Authorization for the Release of Medical Information**

In accordance with *The Personal Health Information Act (PHIA)*, 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 health care provider, 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: \_\_\_\_\_ Child's PHIN: \_\_\_\_\_

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.

<u>NAME (PRINT) Parent/ Legal Guardian</u>	<u>SIGNATURE Parent/Legal Guardian</u>	<u>DATE (MMM/DD/YYYY)</u>
Mailing Address: _____	City/Town: _____	Postal Code: _____
Work/Daytime Phone: _____	Cell Phone: _____	Home Phone: _____
Email: _____		



# BRANDON SCHOOL DIVISION

## TECHNOLOGY AND COMMUNICATIONS RESOURCES USER PROCEDURES 2018-2019

### FOR PARENTS/GUARDIANS

#### **Section A: Information and Communication Technologies (ICT) Use by Students**

ADMINISTRATIVE PROCEDURE 2055

The Brandon School Division provides students access to a variety of information and communication technologies, including computer workstations, mobile devices and network infrastructure to support student learning.

The skill sets associated with use of information and communication technologies is fundamental for life in the 21<sup>st</sup> century. As such, the use of ICT has become an integral part of teaching and learning in all curricula.

The Division supports the development of Literacy with Information and Communication Technology (LwICT) in students. This means thinking critically and creatively, about information and about communication, as citizens of the global community, while using ICT safely, responsibly and ethically.

The Division will endeavour to provide error-free, dependable access to information and communication technology resources. The Division's networks and equipment are provided to students for the sole purpose of educational activities associated with the Brandon School Division. Students using the Division's networks and equipment do so at their own risk, and the Division cannot be held liable for any information that may be lost, damaged or unavailable due to technical or other difficulties.

A network account is the responsibility of the person to whom it is issued and shall be used for educational or research purposes and for conducting valid school or Divisional business. The Division has the authority to monitor all accounts on the Division's networks and the use of network resources to ensure network security and compliance with administrative procedures and laws. If there is reason to believe that there has been misuse of Division resources, user accounts may be accessed by network administrators.

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

#### **Student Internet Use**

Internet use is an important component of the integration of information and communications technology with learning in the Division. Students are guided to become proficient digital citizens in order to:

- locate and retrieve up-to-date information on topics studied in the classroom;
- communicate rapidly with other users around the world;
- collaborate with others in different locations on topics of common interest; and
- become competent global citizens with 21<sup>st</sup> century skill preparedness.

#### **Safety**

Keeping students safe during Internet access is the joint responsibility of school and Divisional personnel, parents/guardians and students. Safety measures in place include features, training and procedures that result in safe and ethical use of the Internet. The Division has installed Internet content filtering software that restricts access to inappropriate sites on the Internet.

- School instructional staff **will** be trained to assist students to safely and responsibly use the Internet.
- Students and their parents/guardians (for students under 18 years of age) are required to complete an Information and Communications Technologies Student Acceptable Use Agreement before students receive access to the school network.
- Review with students, once per semester (secondary) or twice per year (elementary), the Divisional guidelines for the Student Use of Information and Communications Technologies (ICT) (see below)
- Use of technology and communication resources by students will take place in settings supervised by instructional staff.
- Network storage areas shall be treated like student lockers (refer to Administrative Procedure 6075).
- Network Administrators may review user files and communications to maintain system integrity and to ensure that students are using the system responsibly.

### **Guidelines for the Use of Technology and Communications by Students**

While using technology at school, it is expected that students shall:

- accept ultimate responsibility for their actions in accessing technology;
- access the network and the Internet only under the supervision of instructional staff and accept the limitations placed on them by that supervisor and the Brandon School Division;
- access the network and the Internet only with equipment provided by the Division;
- close all Internet browser windows and log off the Divisional network when not directly using the computer or mobile device;
- use good judgment at all times;
- respect the rights and privacy of other technology users;
- use only the Divisional accounts (e.g., network login, e-mail) assigned to them by the system administrator;
- keep user IDs and passwords for Divisional accounts confidential;
- follow generally accepted netiquette (network etiquette) rules, including using appropriate language and content in all correspondence or communications ;
- will not attempt to modify settings, unless approved by instructional or administrative staff, or uninstall programs installed by the MIST Department;
- respect copyright;
- use only Brandon School Division sanctioned technology and communication resources unless a project proposal has been approved under the guidelines and procedures of the Brandon School Division Social Media Administrative Procedure (refer to Administrative Procedure 2125);
- download only information (including text, software, graphics and images) that is classroom or course-related, with the permission of instructional staff;
- refrain from revealing personal information about themselves and others online, which includes but is not limited to the student's name, age and location;
- be responsible for not pursuing inappropriate material on the Internet and inform instructional staff of any inappropriate sites to which they inadvertently navigate;
- accept consequences of inappropriate use of technology, as outlined in this procedure;
- bring in personal devices under certain circumstances and **only with the permission of the Director of Management and Information Systems Technology**. The devices will connect to the guest wireless network using the student active directory credentials, and receive internet access only. Should a student bring in their own device, they do so at their own risk and the Division cannot be held liable for any information or hardware that may be lost, damaged or unavailable due to technical or other difficulties.

### **Sanctions**

- Violation of any of the outlined guidelines will result in a loss of access privileges and, in turn, may necessitate withdrawal from any technology-related courses in which a student is enrolled.



- Additional disciplinary action may be determined at the school level in line with the Division's Code of Conduct, including suspension or expulsion.
- If applicable, law enforcement agencies may be involved.

## **Section B: BSD Student Email User Agreement**

Student Email is a service provided by the Brandon School Division for students in the Brandon School Division. It is intended to provide a safe and secure environment for students to develop their skills in using email to communicate easily and effectively with other students, resources and their teachers in the Division.

BSD Student Email is made available to students who agree to act in a considerate and responsible manner.

All users are responsible for safeguarding and protecting their user access identification and for their behaviour and communications over email. In addition, students must follow Administrative Procedure 2045 – Information and Communication Technologies when accessing student email.

BSD Student Email is provided by the Brandon School Division's network and server infrastructure. 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.

## **Section C: External and Internal Student Media Release**

ADMINISTRATIVE PROCEDURE 2035

I understand that the Brandon School Division and/or its partners may wish to photograph or record audio or video of my/my child's name, image, student work and/or performance and to display or distribute any or all for the purpose of promotional publishing, posting on a Brandon School Division website, posting on Brandon School Division Social Media site(s), posting in physical school buildings and/or broadcasting on television or radio determined by the Brandon School Division.

I also understand that:

- External media may attend or request to attend school activities or events.
- I/my child may be asked a variety of questions regarding school and school related activities and programs.
- All direct media interaction will be supervised.
- Once photographed or recorded, 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 the form is not returned, or if no preference is indicated, a refusal to consent will be presumed.
- Consent will be valid for the duration of the current school year. Once consent is given, any Works obtained during that school year may be used now and any time in the future whether it is known or unknown.
- Consent may be withdrawn prior to posting or publication by notifying the school principal in writing.

## General External and Internal Media Coverage Notice to Parents

From time to time, a Brandon School Division representative or External media representatives (newspapers, magazines, radio or television stations, web sites) request to come onto school property to report on and/or photograph/record an aspect of the school or its programs. These may thereafter be digitally manipulated, published, broadcast, re-broadcast or sold to other external media outlets.

External media requests will be directed to the Brandon School Division Office of Communications for careful consideration and subsequently sent for approval by the school Principal. (Please refer to Administrative Procedure 2010 Communications) However, we recognize that you may not wish your child to participate. If this is the case, school staff will involve your child in other activities during the media's attendance. (Unless otherwise stated, "media" refers to both External and Internal Media.)

The Division cannot prevent external media outlets from photographing students from vantage points beyond our control, such as outside the school or across the street from the school. Nor can the Division prevent external media from interviewing students at these locations. If this is a concern, you should discuss the matter with your child to alert your child to this possibility.

Similarly, parents and the external media may take non-specific, non-identified recordings of children at public events in the school or off-site. In such instances, your child's image or voice or a digital manipulation of the image or audio may be recorded, broadcast or published. Once the photograph or recording has been taken, the Division cannot restrict or limit subsequent publication or re-broadcast. Student photographs and work that is showcased may be identified using the student's first name, last name initial, grade and school only.

Please note the following information:

- Once photographs, student names and other identifying information or student work are released in any public forum, the 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 the form is not returned, or if no preference is indicated, a refusal to consent will be presumed.
- Consent will be valid for the duration of the current school year. Once consent is given, any Works obtained during that school year may be **used now and any time in the future** whether it is known or unknown.
- Consent may be withdrawn prior to posting or publication by notifying the school principal in writing.

If you should have any questions regarding this notice, please contact your school principal.



# BRANDON SCHOOL DIVISION Authorization for Release of Information

1031 – 6<sup>th</sup> Street,  
Brandon, MB R7A 4K5  
Phone: 204-729-3100  
Fax: 204-727-2217

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

School: VINCENT MASSEY HIGH SCHOOL

Grade: \_\_\_\_\_

I, \_\_\_\_\_ being the parent/legal guardian of \_\_\_\_\_  
(student's name)

do hereby authorize Brandon School Division to release/receive information from \_\_\_\_\_

\_\_\_\_\_ for the purpose of educational assessment, attendance,

programming, extra-curricular, co-curricular and social / emotional information / Interventions.

\_\_\_\_\_  
\_\_\_\_\_

I understand this information is confidential and will be used by the recipient only for the purpose of providing a service to the student.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

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.



## HOMOLOGIC FORM

Using HomeLogic, parents/guardians/students can access academic information online, including:

- Attendance
- Marks
- Assignments
- Report cards

To sign up for HomeLogic:

- Fill in the form below and return it to the main office at Vincent Massey
- You must have an email address to receive your password

Your username, password, and HomeLogic instructions will be sent to your email address.

**Already have access to HomeLogic? Do not complete this form.**

You will have access to HomeLogic as long as your son/daughter is a student at Vincent Massey High School.

HomeLogic questions or concerns? Contact Leah Smith 204-729-3170 or [smith.leah@bsd.ca](mailto:smith.leah@bsd.ca))

### RETURN THIS FORM TO THE MAIN OFFICE AT VINCENT MASSEY

**PLEASE PRINT CLEARLY:**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Student age: \_\_\_\_\_ Student birthdate: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Parent/Guardian phone #: \_\_\_\_\_

**\*\*Please note: *If you have more than one student attending Vincent Massey High School, please complete only one form/family and list siblings below. They will be linked to your HomeLogic account.***

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# BRANDON SCHOOL DIVISION

## Programming Supports Inventory For Out of Division/Non-resident Applicants

Please indicate with a checkmark the supports your child has accessed in the past or currently to assist the school in providing appropriate programming for your child.

### School and Divisional based Supports:

- Resource Teacher
- Guidance Counsellor
- Psychologist
- Social Worker
- Speech Language Pathologist
- Occupational Therapist
- Physiotherapist
- Other: \_\_\_\_\_

### Community-based Supports:

- Child Welfare Agencies (CFS/DOCFS/WRCFS/MCCFS)
- Children's disability Services
- Community disABILITY Services
- Society of Manitobans with Disabilities
- Justice/Probations
- Addictions Foundation of Manitoba

### OTHER PERTINENT INFORMATION:

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Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

*"Accepting the Challenge"*



# BRANDON SCHOOL DIVISION

## STUDENT REGISTRATION VERIFICATION FORM

Certain documents are required when registering a student in the Brandon School Division.

For verification of the student's legal last, legal first, legal middle names, and birthdate please provide one of the following documents:

- Birth Certificate
- Manitoba Health Services Card
- Passport
- Baptismal Certificate

For verification of the student's address please provide one of the following:

- Manitoba Health Services card
- Driver's License
- Rental Agreement or bill of sale for purchase of home

For academic planning the following is required from the student's former school:

- Transcript of high school credits/marks from previous year(s)

AND if registering mid-school year

- Report card or some other form of documentation with student's current marks

Are you coming from out of Province where students do not earn credits in grade 9 so a transcript is not available?  
Please provide the student's grade 9 report card.