



Thank you for your interest in joining LSRCSS. Please take note of the following information:

The Lord Selkirk School Division requires schools to acquire the following documents for new student registration.

**Proof of Age and Legal Name**

- Birth certificate

**Proof of Residency: require two of the following**

- Driver's License
- Tenancy Agreement
- Offer to purchase documents (completed w/signatures)
- Utility bill (with name and corresponding address)

*Students eligible for enrollment in the LSRCSS must be living in the catchment area with a Parent and/or Legal Guardian.*

**Canadian Citizenship**

- Temporary residents to Canada require a valid Study Permit or parental Work Permit. Students may be required to pay a tuition fee to the school division.

**Guardianship**

- Court documents (Interim/final order, variance orders may also be applicable)
- Voluntary Placement Agreement (VPA)
- Child in Care form

Additionally, LSRCSS will only consider a registration form to be completed when it includes the student's most recent transcript. Once all required documents have been gathered and handed in, the registration process will be initiated. Collection of a registration is not a guarantee of enrollment.

The Student handbook can be found on-line at <https://lsrcss.lssd.ca>.

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**Schools of Choice / Program Not Offered**

School of Choice students are required to obtain their own transportation to/from our school; School of Choice forms/requests are due to the school by May 15 of the previous year they wish to attend. Transportation for Program Not Offered students, must be arranged with their home school division. Program Not Offered students are registered in programs that are not offered in their home school division and must be approved by both divisions.

Student accepted as Program Not Offered students are not permitted to change programs without the expressed consent of School Administration. Program Not Offered students and Schools of Choice students must be in good standing to remain on the school's enrollment.

A school is required to accept a student who wishes to exercise choice, unless:

- Space is not available
- Special equipment or physical facilities required by the student are not available
- The program is not suited to the age, ability, or aptitude of the student
- Enrolling the student would be detrimental to order, discipline and well-being of the students in the school, or
- Proper notification is not provided by the parent or student

Should you wish to register your child as a Schools of Choice registration, application is made directly at your school of choice.

**Please note that a School of Choice form is required if the family changes residence or transfers from one program to another at any time during the school year.**

Office Use:      Transcript      Birth Certificate      Non Resident      Proof of Residence      Medical Form  
Grade \_\_\_\_\_      Foster Intake      On-Line Permission      Transportation      Fee      Legal Notarized Guardianship



**LORD SELKIRK REGIONAL**  
COMPREHENSIVE SECONDARY SCHOOL

221 MERCY STREET, SELKIRK, MANITOBA R1A 2C8  
TEL: (204)482-6926 | FAX: (204)785-2571

**REGISTRATION MUST BE COMPLETED IN FULL PRIOR TO ACCEPTANCE**

**Year: 2024 - 2025**

**STUDENT REGISTRATION**

This personal information, or personal health information, is being collected under the authority of the Lord Selkirk School Division 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 Acts and The Personal Health Information Act. If you have any questions about the collection of information, contact the Lord Selkirk School Division Access and Privacy Coordinator at 204-482-5942.

Student (full legal) Name (Last) \_\_\_\_\_ (first, middle) \_\_\_\_\_

Common Name \_\_\_\_\_ (All school documents will use legal name ie. Report cards, Transcripts, and diplomas)

Transfer in From (previous school/Division) \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Canadian Citizen      (yes) \_\_\_\_\_      (no) \_\_\_\_\_      (if no, study permit and/or work permit must be provided, tuition may be required)

Resident of Division      (yes) \_\_\_\_\_      (no) \_\_\_\_\_

Non Resident Division \_\_\_\_\_

School of Choice \_\_\_\_\_ Program Not Offered \_\_\_\_\_ Form Completed (yes) \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Grade Level \_\_\_\_\_ Scheduled Year of Graduation \_\_\_\_\_ Previous Grad (yes) \_\_\_\_\_

Student lives with: \_\_\_\_\_

☐ Both Parents

☐ Mother

☐ Father

☐ Guardian

☐ Joint Custody

Foster Placement (yes) \_\_\_\_\_ (no) \_\_\_\_\_ (if yes, complete Child in Care Form)

Agency \_\_\_\_\_ Worker Name \_\_\_\_\_

Phone \_\_\_\_\_

**Contact Information:**

**Parent/Guardian 1:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Lives with yes no

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

**Parent/Guardian 2:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Lives with yes no

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contacts** (other than parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

PHIN Number \_\_\_\_\_

Medical Conditions (please fill out Medical Questionnaire) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Aboriginal Identity** (voluntary declaration)

*Authorization and Statement of Understanding - 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):

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:

*Cultural Group (check one)*    ☐ First Nation (090)    ☐ Metis (200)    ☐ Inuit (300)

Which best describes your child's Aboriginal cultural-linguistic identity? Select up to 2 choices.

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

If other please specify \_\_\_\_\_

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**Authorization for Release of Transfer Information**

I, \_\_\_\_\_ being the Parent/Legal Guardian of \_\_\_\_\_

Authorize **Lord Selkirk Regional School** of the Lord Selkirk School Division to obtain information included in the Pupil Services File and/or records regarding this child from his/her previous school.

This information is confidential and to be used for the purpose of providing appropriate education services to this child/student.

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

School Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_



## Course Selection

Track ☐ English ☐ French Immersion

Grade ☐ 10 ☐ 11 ☐ 12

Program      Regular ☐      Modified ☐      Individualized ☐

**Request for Courses:** please use full course codes as listed in the course guide when completing the table below. The school reserves the right to determine the semester in which a course can be taken. Registration must take in to consideration **prerequisite requirements AND compulsory courses**. Every effort is made to accommodate option courses. Space availability or scheduling conflicts may occur.

## COURSE SELECTION

**COURSE CODE & COURSE NAME** (use full course name and code)

OFFICE USE

[illegible]

**ALTERNATE CHOICES** (choose two)




Lord Selkirk School Division

## **STUDENT REGISTRATION - FOSTER PLACEMENT**

**SCHOOL**

**GRADE**

**DATE OF ENROLLMENT (Y/M/D)**

**CHILD'S NAME**

**BIRTHDATE (Y/M/D)**

**SOCIAL WORKER**

**PHONE:**

**PLACING AGENCY**

**LAST SCHOOL ATTENDED**

**GRADE**

**FOSTER FAMILY**

**FOSTER FAMILY ADDRESS**

**PHONE NUMBER (Home)**

**(Work)**

### **Programming Information**

1. Was student previously funded? Yes ☐ No ☐  
Level \_\_\_\_\_ Cat. \_\_\_\_\_ Until \_\_\_\_\_  
Year

2. Has Resource File been received? Yes ☐ No ☐  
IEP? \_\_\_\_\_

3. Relevant educational information, including special considerations for:

Placement:

EA Support:

Psychological, social emotional, behavioural needs:

Student Services Supports:

Following receipt of intake information, a Transition to school meeting is to be scheduled. It is expected that the Agency Worker will commit to ongoing support/involvement with student.

Foster Parent

\_\_\_\_\_  
(Name – please print)

\_\_\_\_\_  
(Signature)

Agency Social Worker (guardian)

\_\_\_\_\_  
(Name – please print)

\_\_\_\_\_  
(Signature)

**[N.B. Retain original for school records and forward 1 copy to Superintendent's Department.]**

# SCHOOL REGISTRATION FORM: Children in Care

(Form available at [www.manitoba.ca/healthychild/publications](http://www.manitoba.ca/healthychild/publications))

(Please check off  
Authority you  
represent)

☐☐☐☐

## DEMOGRAPHICS

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

Date of Birth: \_\_\_\_\_

MET#: \_\_\_\_\_ PHIN: \_\_\_\_\_

Legal Guardian/Agency: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Child and family services worker: \_\_\_\_\_

Phone Numbers

Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Foster Placement: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## CHILD AND FAMILY SERVICES STATUS (Check which best applies, provide date(s))

☐ Voluntary Placement Agreement \_\_\_\_\_ (date)

☐ Voluntary Surrender of Guardianship \_\_\_\_\_ (date)

☐ Extension of Care \_\_\_\_\_ (date)

☐ Apprehension \_\_\_\_\_ (date)

☐ Supervision Order \_\_\_\_\_ (date)

☐ Temporary Order of Guardianship to \_\_\_\_\_ (date)

☐ Permanent Order of Guardianship \_\_\_\_\_ (date)

Expected length of placement (emergency or long-term): \_\_\_\_\_

Approved for Contact:

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_



## SCHOOL INFORMATION

Last School Attended: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Current Grade Attended: \_\_\_\_\_

Grade Level Functioning (Check description that best applies):

☐ Meets      ☐ Exceeds      ☐ Below

Relevant Educational Programming Information:

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Community supports provided by the agency:

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Areas of interest/strengths (e.g., hobbies, clubs, organizations, cultural interests):

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Relevant Medical Information:

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Additional Information and relevant life situation:

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## CONTACT DATA AND AUTHORIZATION:

Printed Name of Placing Child and Family Services Worker: _____
Signature of Placing Child and Family Services Worker: _____
Date Signed: _____
Name of Placing Agency Office/Regional Office: _____
Address of Placing Agency Office/Regional Office: _____ _____
Phone # of Placing Child and Family Services Worker: _____

Printed Name of Agency E.D. C.E.O. /Regional Office R.D.: _____
Signature of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____
Date Signed: _____
Address of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____ _____
Phone # of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____

Printed Name of Parent: _____	
Signature of Parent: _____	Date Signed: _____
Printed Name of Student: _____	
Signature of Student: _____	Date Signed: _____
(if 18 or over)	

### For School/Division Office Use:

Steps	Date	Principal or Designate Signature
Registration Received:		
Intake Meeting (as required):		
Start Date:		
Follow-up/Review Meeting(s) (as required):		



# MEDICAL QUESTIONNAIRE

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

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

**Please complete all sections that apply. Your assistance in identifying any medical conditions that your child has will assist Lord Selkirk School Division in providing the safest possible environment and most appropriate response in the event of a medical emergency. A Health Care Plan may be developed by the URIS Nurse, if needed.**

## ANAPHYLAXIS

1. Has your child been **diagnosed by a physician** with a LIFE-THREATENING ALLERGY? ☐ Yes ☐ No

**If "No" go to the next section.**

2. What allergen(s) trigger a reaction? \_\_\_\_\_

3. Signs/symptoms of a reaction? \_\_\_\_\_

4. Does your child require an EpiPen? ☐ Yes ☐ No

5. Does your child carry an EpiPen at all times? ☐ Yes ☐ No

**It is recommended that an EpiPen be carried with anaphylactic students at all times.**

**In the event of an anaphylactic reaction, EpiPen will be administered and 911 will be called.**

6. Location of EpiPen \_\_\_\_\_

**Please complete a URIS B Application.**

## ASTHMA

1. Has your child been **diagnosed by a physician** with ASTHMA? ☐ Yes ☐ No

**If "No" go to the next section.**

2. What triggers a reaction? \_\_\_\_\_

3. Signs/symptoms of a reaction? \_\_\_\_\_

4. Does your child carry an inhaler? ☐ Yes ☐ No

**It is recommended that the inhaler be carried on person at all times.**

5. Does your child require assistance to administer their medication? ☐ Yes ☐ No

6. Location of inhaler \_\_\_\_\_

**Please complete a URIS B Application.**

## SEIZURES

1. Does your child have a history of SEIZURES? ☐ Yes ☐ No  
***If "No" go to the next section.***
2. Date of last seizure \_\_\_\_\_
3. Type of seizure: ☐ Simple Partial ☐ Complex Partial ☐ Generalized Tonic/Clonic ☐ Absence
4. Signs/symptoms of your child's seizures \_\_\_\_\_
5. Does your child take medication for seizures? ☐ Yes ☐ No
6. Will seizure medication be administered, if needed, at school? ☐ Yes ☐ No

***Please complete a URIS B Application.***

## DIABETES

1. Does your child have DIABETES? ☐ Yes ☐ No  
***If "No" go to the next section.***
2. Does your child have consistent control of blood sugar levels? ☐ Yes ☐ No
3. Does your child carry blood glucose monitoring equipment daily? ☐ Yes ☐ No
4. Does your child require self-injected insulin at school? ☐ Yes ☐ No
5. Does your child have an insulin pump? ☐ Yes ☐ No
6. Describe your child's hypoglycemia (low blood sugar):  
\_\_\_\_\_
7. Where are extra supplies, monitoring equipment and carb kits kept?  
\_\_\_\_\_

***Please complete a URIS B Application.***

## CARDIAC CONDITION

1. Has your child been diagnosed by a physician with a CARDIAC CONDITION? ☐ Yes ☐ No  
***If "No" go to the next section.***
2. Name of condition: \_\_\_\_\_
3. Severity of condition is: ☐ Mild ☐ Moderate ☐ Severe
4. Was surgery required? ☐ Yes ☐ No
5. As a result of this condition, my child is limited in their ability to: \_\_\_\_\_
6. My child should avoid the following activities:  
\_\_\_\_\_

***Please complete a URIS B Application.***

## **PRESCRIPTION MEDICATION ADMINISTERED AT SCHOOL**

**Prescription medication will only be administered at school when it is not possible to alter the dosing schedule to allow for a parent/guardian to administer the medication before or after school.**

1. Does your child require prescription medication during school hours? ☐ Yes ☐ No
2. Name of Medication and Dosage: \_\_\_\_\_

***Please complete AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION.***

## **OTHER MEDICAL CONDITIONS**

1. Has your child been diagnosed by a physician with any other significant medical conditions that the school should be aware of? ☐ Yes ☐ No
2. Name of condition: \_\_\_\_\_

## **MEDIC-ALERT BRACELET**

**Lord Selkirk School Division recommends the use of Medic-Alert bracelets for children at high risk medically.**

1. Does your child wear a MEDIC-ALERT bracelet? ☐ Yes ☐ No
2. Name of condition: \_\_\_\_\_

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**\*\* IN CASE OF AN EMERGENCY, AN AMBULANCE WILL BE CALLED \*\***

***LSSD subscribes to the Universal Student Accident Insurance Program which covers ambulance costs.***

If ambulance transport is required, is there any information you wish to share with the school (ie. medication allergies, no blood products, primary contact in event of emergency transport during school day)?

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

## 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: LSRCSS		
	Contact Person: Kris Peterson		
	Phone #: 204-482-6926	Fax #: 204-785-2571	
	Email: kpeterson@lssd.ca		
	Address: (location where service is to be delivered): Street: <b>221 Mercy St.</b> City/Town: <b>Selkirk, M.B.</b> Postal Code: <b>R1A2C8</b>		

### Section II - Child information

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate</b>		
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>		
<b>Also Known As</b> <div style="border: 1px solid black; height: 25px;"></div>		<b>Month</b>	<b>Day</b>	<b>Year</b>
			<b>Male</b>	<b>Female</b>
		Please check (✓)	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Please check (✓) the 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 Epi-Pen)</b> Does the child bring an EpiPen to the community program? <div style="float: right;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO         </div>		
<input type="checkbox"/> <b>Asthma (administration of medication by inhalation)</b> Does the child bring asthma medication (puffer) to the community program?      YES      NO Can the child take the asthma medication (puffer) on his/her own?      YES      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)?      YES      NO		
<input type="checkbox"/> <b>Diabetes</b> What type of diabetes does the child have?      Type 1      Type 2 Does the child require blood glucose monitoring at the community program?      YES      NO Does the child require assistance with blood glucose monitoring?      YES      NO Does the child have low blood sugar emergencies that require a response?      YES      NO		
<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</b> (Brittle Bone Disease)		



<input type="checkbox"/> <b>Gastrostomy Feeding Care</b>		
Does the child require gastrostomy tube feeding at the community program?	YES	NO
Does the child require administration of medication via the gastrostomy tube at the community program?	YES	NO
<input type="checkbox"/> <b>Ostomy Care</b>		
Does the child require the ostomy pouch to be emptied at the community program?	YES	NO
Does the child require the established appliance to be changed at the community program?	YES	NO
Does the child require assistance with ostomy care at the community program?	YES	NO
<input type="checkbox"/> <b>Clean Intermittent Catheterization (CIC)</b>		
Does the child require assistance with CIC at the community program?	YES	NO
<input type="checkbox"/> <b>Pre-set Oxygen</b>		
Does the child require pre-set oxygen at the community program?	YES	NO
Does the child bring oxygen equipment to the community program?	YES	NO
<input type="checkbox"/> <b>Suctioning (Oral and/or Nasal)</b>		
Does the child require oral and/or nasal suctioning at the community program?	YES	NO
Does the child bring suctioning equipment to the community program?	YES	NO

### 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.

Parent/Legal Guardian (**Please Print**) \_\_\_\_\_

Parent/Legal Guardian (**Signature**) \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Does Your Child Ride the School Bus? ☐ YES ☐ NO

## **Student Use of Information and Communications Technologies (ICT)**

Lord Selkirk School Division provides students access to a variety of information and communication technologies to support student learning. The skill sets associated with use of information and communication technologies is fundamental for life in the 21st century. As such, the use of ICT has become an integral part of teaching and learning.

The Division supports the development of Literacy with Information and Communication Technology 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.

### **Access**

Students will be provided with a username and password. Students should keep their username and password private and not share it with anyone else. Students and parents/guardians must accept the student technology agreement prior to using their account.

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.

### **Responsible Use**

Technology, services, and network access provided to students are to be used only for educational purposes. Students should store information only in authorized storage services.

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

- Accept ultimate responsibility for their actions in accessing ICT.
- 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 Lord Selkirk School Division.
- Respect the rights and privacy of other technology users.
- Use only the Divisional accounts (e.g., network login, e-mail) assigned to them.
- Keep user IDs and passwords for Divisional accounts confidential.



- Follow generally accepted etiquette rules, including using appropriate language and content in all correspondence or communications.
- Not attempt to modify settings, unless approved by instructional or administrative staff, or uninstall programs installed by the MIST Department.
- Respect copyright.
- Use only Lord Selkirk School Division authorized technology and communication resources.
- 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.
- Use personal devices brought to school in a responsible manner, and only when and where appropriate.

## **Internet Safety**

Internet use is a fundamental component of the use of technology and learning with technology in the Division.

Keeping students safe during Internet access is the joint responsibility of school and Division 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 content filtering systems that restrict access to inappropriate content on the internet. Content on the internet is constantly changing and these systems are not always able to block everything that is inappropriate for a variety of reasons.

- School instructional staff will be trained to assist students to use the internet safely and responsibly.
- Students and their parents/guardians (for students under 18 years of age) are required to complete a Student Acceptable Use Agreement before students receive access to the school network.
- School instructional staff will review with students, once per year, guidelines for the Student Use of Information and Communications Technologies.
- Use of division-provided technology and communication resources by students will take place in settings supervised by instructional staff. Use of personal devices brought in by students may not be monitored.

## **Privacy**

Students should not have any expectation of privacy with respect to any equipment or networks that the Division provides. This includes personal devices connected to

the Division's Wi-Fi network(s). The Division reserves the right to monitor student use of Divisional ICT to ensure the acceptable use by students. This may include accessing files, email, and other information where there is reasonable cause to suspect misuse of the system or violation of this procedure. Data on the use of ICT may be collected and stored for future investigations, retroactive analysis, and may be aggregated into reports to support effective ICT decision making.

Student school pictures will be used internally for the purposes of student identification, security, and incident management. Non-identifying data may be shared with authorized third parties for the same purposes. Photos of students will not be released publicly without permission of a parent/guardian.

### **Intellectual Property**

Students must respect the creative work and intellectual property of others. Students will not plagiarize, use others' work without proper citation, or violate copyright laws.

Any intellectual property created by students is their property, but they grant Lord Selkirk School Division a perpetual license to use their intellectual property for promotional, recruiting, or communications purposes.

### **Prohibited Activities**

While technology use is encouraged for educational purposes, certain activities are strictly prohibited to maintain a safe, secure, and productive learning environment. The following activities are prohibited:

- Attempting to gain unauthorized access to any school system, network, account, file, or data. This includes attempts to bypass or disable any system security measures.
- Engaging in any activity that is illegal or contrary to school policy, local, state, and federal laws.
- Accessing, storing, or sharing content that is obscene, offensive, threatening, or otherwise inappropriate.
- Harassing, insulting, or attacking others via technology, also known as cyberbullying.
- Deliberately introducing malware, viruses, or any software designed to damage or disrupt another user's equipment, software, or data.
- Installing unauthorized software, hardware, or modifications on school technology.
- Using someone else's identity or account or presenting false information about oneself or others while using technology resources.
- Using school technology resources for commercial activities, advertising, or personal financial gain.

- Engaging in activities that compromise the speed, performance, or capacity of the school's technology resources, such as unauthorized streaming content, unauthorized gaming, or storing large files not related to academic work.
- Actions that cause disruption to the school's technology resources or prevent others from using these resources.

The above list is not exhaustive. Any other activities that the division or school administration deems inappropriate or disruptive are also violations of this regulation. The division reserves the right to determine whether any activity constitutes inappropriate use of its technology resources.

### **Violations**

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.



# Student Technology Agreement

## I will be... Responsible

I accept that my choices and actions, as well as any accounts and/or technology entrusted to me, are my responsibility. Whether I am at school or off-campus, I will protect myself, my accounts/technology, and others by:

- Using passwords that nobody will be able to guess and that I will not share.
- Ensuring that the technology tools I use are kept safe, clean and that they are not defaced.
- Using online resources which are safe and appropriate.
- Making healthy choices about how, when, and where to use technology.

## Respectful

I understand that I need to respect and protect myself, others, and the equipment in my care. I will:

- Follow the directions given to me by school staff.
- Use technology to help me learn.
- Create a positive digital presence that represents myself and my school in the best possible way.
- Respect the privacy of others.
- Obtain appropriate permission before taking and/or sharing pictures, video, or audio.
- Respect the time of others by avoiding texting and the use of social media during class and unstructured times unless it is part of the learning experience.

## Ready

I will strive to:

- Be ready to learn every day and to arrive at school with a fully charged device.
- Practice skills and explore technologies that help my learning and productivity in a positive way.
- Find solutions to problems I encounter with technology.
- Do my best while learning from my mistakes/failures.

I understand that Lord Selkirk School Division may monitor things that I do on or with technology. I understand that if I damage technology hardware and/or software I will be responsible for reimbursing the Division.

I accept that any actions I take or behaviors I engage in which are not in line with responsible and respectful use will be handled in accordance with the behavioral guidelines established at each school.

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

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

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

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



# MEDIA RELEASE FORM FOR STUDENTS

THIS AGREEMENT IS TO BE COMPLETED BY THE PARENT/GUARDIAN AND/OR THE STUDENT (over 18 years of age).

The Lord Selkirk School Division recognizes that print, digital media, and the internet, provide an ideal means to showcase and promote school and divisional activities and share student work with other students, parents/guardians, staff, and the global community. At the same time, the Division remains committed to the protection, privacy, and safety of all students.

While students may be required to have an individual photograph taken for their cumulative file or identification purposes, no student shall be pressured or required to purchase photographs.

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## Permission Section

**I hereby authorize any images or video footage taken of my child, in groups or individually, to appear for only the purposes below:**

School yearbook (full names will be included)

Yes      No      N/A

School/division-based website and social media (on occasion first names of children may be included)

Yes      No

Print publications such as newsletters, newspapers and promotional materials (on occasion first names of children may be included)

Yes      No

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

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_ School Name: **Lord Selkirk Regional Comprehensive Secondary School**

(mm/dd/yyyy)

***\*Once dated and signed this form shall remain in effect for the current school year or until consent is revoked. You may amend this form, or revoke consent at any time by notifying the principal, in writing, of the change.***



## REQUEST FOR TRANSPORTATION SERVICES

(This form must be completed and sent to the Transportation Office for all transportation requests)

Date of Request: \_\_\_\_\_ Effective Date of Request: \_\_\_\_\_

New Registration ☐ Transfer ☐ From: \_\_\_\_\_ Other: \_\_\_\_\_

### Student Information—please print

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

*Last Name*

*First Name*

*Middle*

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

Physical Address: \_\_\_\_\_

Pick-up Location *(if different from above)\**: \_\_\_\_\_

Drop-off Location *(if different from above)*: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (Home) : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

**Current School Bus Transportation (if currently on a bus) Bus #:** \_\_\_\_\_

Do you have other children riding on a bus? NO ☐ YES ☐ Bus #: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

- Transportation information can be found on the Parent PowerSchool Portal (web browser).
- Please allow up to 5 business days for processing. If filling out this request for the following school year, information will be available last week of August.
- Please Note: Students may be required to transfer buses at certain schools.

### **For Transportation Office Use only:**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

AM Bus #: \_\_\_\_\_ AM Time: \_\_\_\_\_ Transfer Bus # \_\_\_\_\_ TSF Location: \_\_\_\_\_

PM Bus #: \_\_\_\_\_ PM Time: \_\_\_\_\_ Alt Bus \_\_\_\_\_ Time: \_\_\_\_\_

P/U Location: \_\_\_\_\_ D/O Location: \_\_\_\_\_

Eligibility Code: \_\_\_\_\_ Driver Notified ☐ Entered in RF ☐ Copy sent to school ☐

Notes: \_\_\_\_\_

\_\_\_\_\_