



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 [www.lsrcss.ca](http://www.lsrcss.ca).

---

**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**

## STUDENT REGISTRATION 2023 - 2024

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 \_\_\_\_\_

---

## 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 2023 - 2024

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

Track ☐ English ☐ French Immersion

Grade ☐ 10 ☐ 11 ☐ 12

Major \_\_\_\_\_

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)




# 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 and Standard Health Care Plan.**

## 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 and Standard Health Care Plan.**

## 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: \_\_\_\_\_

---

**\*\* 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:		
	Phone #:	204-482-6926	Fax #: 204-785-2571
	Email:		
	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: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
<b>Also Known As</b>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Male</span> <span>Female</span> </div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Please check (✓)</span> <span></span> <span></span> </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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<b>Asthma (administration of medication by inhalation)</b>	
	Does the child bring asthma medication (puffer) to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Can the child take the asthma medication (puffer) on his/her own?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<b>Seizure Disorder</b>	
	What type of seizure(s) does the child have?	
	Does the child require administration of rescue medication (e.g., sublingual Lorazepam)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<b>Diabetes</b>	
	What type of diabetes does the child have?	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
	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 sugar emergencies that require a response?	<input type="checkbox"/> YES <input type="checkbox"/> 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)	

☐ **Gastrostomy Feeding Care**

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☐ **Ostomy Care**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 ☐ NODoes the child require assistance with ostomy care at the community program? ☐ YES ☐ NO☐ **Clean Intermittent Catheterization (CIC)**Does the child require assistance with CIC at the community program? ☐ YES ☐ NO☐ **Pre-set Oxygen**Does the child require pre-set oxygen at the community program? ☐ YES ☐ NODoes the child bring oxygen equipment to the community program? ☐ YES ☐ NO☐ **Suctioning (Oral and/or Nasal)**Does the child require oral and/or nasal suctioning at the community program? ☐ YES ☐ NODoes 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



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))

## 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: \_\_\_\_\_



1 Child Services

## 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:

  
  
  

Community supports provided by the agency:

  
  
  

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

  
  
  

Relevant Medical Information:

  
  
  
  

Additional Information and relevant life situation:

## 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):		



**PARENT/GUARDIAN PERMISSION FORM  
FOR DIGITAL TECHNOLOGY AND ELECTRONIC COMMUNICATION**

SCHOOL YEAR: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

To prepare students to become citizens of the global community, Manitoba Education has identified technology, literacy and communication, problem solving, and human relations, as foundation skills to be across the curriculum. (Literacy with ICT Across the Curriculum, 2006). The use of information technology will help enable all students to solve problems, improve their personal performance, and gain the critical and abstract thinking skills necessary to become lifelong learners and contributing members of their communities (Manitoba Education 2006).

I have read and agree to the Lord Selkirk School Division Acceptable Use of Digital Technology and Electronic Communication Policy, which includes guidelines for the use of computers, online resources, multi-functioning communications devices (eg. cameras, video recorders, tablet devices and smartphones). I understand that access to computers, online resources, and digital communications is for educational purposes. I understand that a user is responsible and expected to abide by these Terms and Conditions, set out in this document, and that his/her privileges may be suspended and/or any other consequence may be applied as deemed necessary, if these Terms are violated.

\_\_\_\_\_  
(Parent/Guardian Signature)

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

\_\_\_\_\_  
(Student/User Signature)

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



## **Acceptable Student Use of Digital Technologies and Electronic Communication (DTEC)**

The Lord Selkirk School Division supports the use of digital technologies to enhance the learning environment. The Division provides digital resources including devices and access to networks to enhance student learning experiences. Acceptable use applies to computers, online use, electronic and multi-functioning devices, and prevention of cyber bullying. All staff and students must adhere to the guidelines for the acceptable use of digital technologies and electronic communications. These guidelines also apply to personally owned devices accessing the division network.

Student and parents are requested to refer to Policy and Regulation E-10 Acceptable Use of Digital Technologies and Electronic Communication (DTEC), which can be accessed at [www.lssd.ca](http://www.lssd.ca). Details regarding the following topics addressed in the policy include the following highlights:

- Computers, electronic devices, software and computer networks must be used responsibly, ethically, and legally.
- Cyber bullying is bullying by means of any form of electronic communication including social media, text messaging, instant messaging, website or e-mail. The Division may impose disciplinary measures for conduct that occurs off school property where there is evidence of an online threat or intimidation which results in a disruption in the school community or is harmful to the physical or mental well-being of students or staff.
- Internet content filters will narrow the range of resources accessed through the Division-supported hardware, but will be unable to completely censor the materials.
- A wide variety of electronic and multi-functioning communications devices are used to support our educational goals and learning.
- Individual schools are authorized to set general limitations on possession of electronic devices through their school Code of Conduct
- Bring your own device (BYOD) is subject to the terms, conditions and guidelines of this policy.
- Responsibilities are listed for users, parents, school and the Lord Selkirk School Division.
- Terms and conditions for Use of Digital Technologies and Electronic Communication.
- A listing of generally accepted rules of network etiquette.
- Guidelines for posting school, student and staff information in the internet.

Parent/Guardians will be required to sign a permission form for digital technology and electronic communication indicating that they have read and agree to the policy, regulations and guidelines.



## 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.

---

### 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

---

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

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

\*Date: \_\_\_\_\_ School Name: \_\_\_\_\_  
(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: \_\_\_\_\_