

# Frontier Collegiate Institute Student Application Form



Frontier Collegiate Institute  
Cranberry Portage MB R0B 0H0  
Phone: (204) 472-3431  
Fax: (204) 472-3191

20_____ to 20_____ School Year
Application Date _____
Sponsoring Agency _____

## Section A

### Student Personal Information

Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Sex: Male  Female  Date of Birth (Year / Month / Day) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

S.I.N. \_\_\_\_\_ 6 digit Medical \_\_\_\_\_ 9 digit Medical \_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_ (additional form attached)

Do You Live on Reserve Land: Yes  No  Education Contact Person \_\_\_\_\_

Band No. \_\_\_\_\_ Family Treaty No. \_\_\_\_\_ Personal Treaty No. \_\_\_\_\_

## Section B

### Parent and/or Guardian Information

#### Parent / Guardian # 1

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

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

Relationship to Student: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

#### Parent / Guardian # 2

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

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

Relationship to Student: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

### Student lives with:

Both parents  Mother  Father  Other  (please specify) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

### Section C

*Educational Background Information*  
To be completed by parent and/or guardian

Last Grade Completed :    8     9     10     11     12

**Applying for:**

General High School Program       Modified Program       Tech Vocational Program  (specify) \_\_\_\_\_

Current or last school \_\_\_\_\_      School Address: \_\_\_\_\_

Is the student on an IEP?    Yes     No       Is the student on a BIP?    Yes     No

If you answered "Yes" to any of the above questions, when was the last time your child received an assessment? \_\_\_\_\_

Are there any special learning needs of which we should be aware in order to assist your child's learning? \_\_\_\_\_

Other Important Education Information \_\_\_\_\_

Have you, or your family, had any previous connections with (i.e. attended) Frontier Collegiate Institute? \_\_\_\_\_

Please disclose any legal matters, probation orders, court dates, outstanding charges and past criminal convictions. (Please list as this is a requirement for safety proposes for students on campus. Use separate paper if required.

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

### Section D

*Credit Requirements*  
To be completed by the student

If you are applying to Frontier Collegiate Institute and your local school offers the same credits, we require that following Grade 9 credits have been completed:    English      Math      Science      Social Studies      Physical Education

If you have not completed these credits, and could do so in your home community, we require a written explanation as to why you are applying to FCI and why you should be accepted. Use a separate paper if required.

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

Applicant's Name: \_\_\_\_\_

## Section E

### Signatures

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

Parent and/or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent and/or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Billing Information

Sponsoring Agencies will be billed by Frontier School Division on a quarterly basis. I \_\_\_\_\_ Sponsoring Agency Representative's Name  
on behalf of \_\_\_\_\_ Sponsoring Agency acknowledge that \_\_\_\_\_ Applicant's Name has been approved for  
funding and we agree to pay the applicable school and residence fees. \_\_\_\_\_ Sponsoring Agency Representative's Signature

**Frontier Collegiate Campus is Smoke Free at all times.** Applicant must sign below acknowledging they are aware of this.

I \_\_\_\_\_ am fully aware that FCI Campus is smoke free at ALL times and I acknowledge that if I  
Print Name  
am smoking on school property I may, among other consequences, be suspended for my actions. \_\_\_\_\_ Applicant's Signature

### Check List for Completed Applications

*Please ensure all documents are signed and sent with application*

Transcript attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'No', date to be sent _____
All sections on this form are completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Informed Consent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Parental Consent Form for Educational Excursions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical Information Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Authorization for Release of Medical Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Authorization for Healthcare Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Information and Communication Technology Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Please Note: Home Placement is not an option in Cranberry Portage**

**ALL SECTIONS MUST BE FILLED OUT**

**Incomplete Applications Will Not Be Processed**



## INFORMED CONSENT – STUDENTS

### Parent/Guardian Consent for Students Under the Age of 18 Years

Please complete and return this form to the school as soon as possible. This information will be kept on file for reference throughout the school year.

Student Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent/Guardian Name (print) \_\_\_\_\_

**1. Publish or Display Student Work**

\_\_\_\_\_ I CONSENT to Frontier School Division publishing or showing my child's photograph, name, grade, school and samples of my child's work in various publications or at Division organized or sponsored events. I understand that photographs of students posted to the school or Frontier School Division website will not identify students by name.

\_\_\_\_\_ I DO NOT CONSENT to Frontier School Division publishing or showing my child's photograph, name, grade, school and samples of my child's work in various publications or at Division organized or sponsored events.

**2. Media**

\_\_\_\_\_ I CONSENT to my child being photographed, videotaped or interviewed by the media.

\_\_\_\_\_ I DO NOT CONSENT to my child being photographed, videotaped or interviewed by the media.

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

Please note:

1. Should circumstances change during the school year, you may change your consent at any time by contacting the school Principal in writing.
2. This personal information is being collected under the authority of *The Public Schools Act* for school related purposes. It is protected by the *Freedom of Information and Protection of Privacy Act*.

Adopted September 1, 2009		
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## PARENTAL CONSENT FORM FOR EDUCATIONAL EXCURSIONS

Educational excursions are trips for students within the local community. These trips take a day or less to complete.

In accordance with the Division Policy F.1.K, written consent from the parent(s) or guardian(s) is required for each child to participate in educational excursions.

Educational excursions may involve busing students for short distances.

Your signature on this form will indicate that you agree that your son/daughter, \_\_\_\_\_, can participate in these educational excursion(s) during the school year 20\_\_\_\_.

Notification of each excursion will be sent home in advance of the excursion and if you do not wish your son/daughter to participate in the excursion, you must contact the Principal, \_\_\_\_\_.

I give permission for \_\_\_\_\_, my son/daughter, to participate in educational excursion(s) organized by the school.

Name: \_\_\_\_\_  
(Please print name of Parent/Guardian)

Signed: \_\_\_\_\_  
(Signature of Parent/Guardian)

Adopted September 1, 2009		
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### MEDICAL INFORMATION

Name of Family Doctor: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Manitoba Medical Nos. \_\_\_\_\_ (six digit family #) \_\_\_\_\_ (nine digit personal #)

Blue Cross or Other Health Insurance No. \_\_\_\_\_

MEDICAL HISTORY (conditions of which the school personnel should be aware):  
\_\_\_\_\_  
\_\_\_\_\_

Is the student taking any medication with him/her on an excursion? \_\_\_\_\_

If so, what is it and who is expected to administer this medication?  
\_\_\_\_\_  
\_\_\_\_\_

Should emergency medical services be required for your child during the excursion, the local medical personnel will be contacted immediately.

\_\_\_\_\_  
(Name of Parent or Guardian. Please print.)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date of Signature)

Adopted September 1, 2009		
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### AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

I, \_\_\_\_\_ of \_\_\_\_\_ authorize  
(Parent/Guardian) (Address)

Frontier School Division to exchange and release medical information and consult with physician if required for the purpose of developing an Individual Health Care Plan and/or Emergency Plan for

\_\_\_\_\_  
(Student's Name)

I understand as the parent/guardian that I may amend or revoke this decision at any time with written correspondence.

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

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

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

This contract expires June 30, or when the child leaves Frontier School Division or if there is a change in either custody or legal guardianship, in which case, a new form must be completed.

Note: A copy of this form is to be sent to the Area Special Services Consultant and the original is to be kept in the student's file.

Adopted September 1, 2009		
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### AUTHORIZATION FOR HEALTH CARE PROCEDURES (DOCTOR AND/OR HEALTH CARE PRACTITIONER)

I hereby agree and give permission for this child, \_\_\_\_\_, to receive the following health care procedures at school. Such procedures are to be carried out in accordance with Division policy and regulations. I further agree to keep the Division apprised of any changes in the medication to be administered and/or the procedure to be performed.

Health Care Procedures:

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Frequency and method of performing the health care procedures:

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Risk considerations if any:

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Level of training required before the school employee can carry out the health care procedures:

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Physician and/or Health Care Practitioner

\_\_\_\_\_ Telephone

\_\_\_\_\_ Address

Adopted September 1, 2009		
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## INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) STUDENT RESPONSIBLE USE AGREEMENT

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

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

Teacher: \_\_\_\_\_

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

I have read Frontier School Division's policy on Use of Information and Communication Technology. I understand it and agree to follow the requirements and principles it outlines.

I understand that, should I (Student) use the school's computers in an inappropriate manner (according to the regulations provided), I will lose school internet and computer privileges and could face additional disciplinary and/or legal actions.

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

\_\_\_\_\_  
Parent/Guardian's Signature  
(If student is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please sign and return this form to your homeroom teacher.**

Adopted September 1, 2009		
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