

Frontier Collegiate Student Application Form



Frontier Collegiate
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: _____

E-mail: _____

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: _____

E-mail: _____

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 Programs

Carpentry

Cosmetology

Power Mechanics

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?

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

Section D

Credit Requirements

To be completed by the student

If you are applying to Frontier Collegiate 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 Frontier Collegiate and why you should be accepted (Use separate paper if required on paper copy)

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 _____ acknowledge that _____ has been approved for
Sponsoring Agency Applicant's Name
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 FC 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	No	If "No," date to be sent _____
All sections on this form are completed	Yes	No	
Informed Consent	Yes	No	
Low Risk Activities Consent Form	Yes	No	
Medical Information Form	Yes	No	
Authorization for Release of Medical Information	Yes	No	
Authorization for Healthcare Procedures	Yes	No	
Information and Communication Technology Form	Yes	No	

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

ALL SECTIONS MUST BE FILLED OUT

Incomplete Applications Will Not Be Processed

Frontier Collegiate Hockey Academy

Student Application Form



20____ to 20____ School Year

Application Date_____

This form must accompany the FC General Application Form if student is applying to live in the FCI Dormitory.

The FC Hockey Academy is a part of Frontier Collegiate. As part of the Campus, all athletes are expected to be a student in good standing in both school and the dormitory to be part of the program. The program is open to male and female students regardless of their past hockey experience. The main goal of the academy is to improve hockey and leadership skill of all students involved on and off the ice.

Athletes are expected to have their own equipment and skates.

Student Information

Tick the appropriate boxes: New to FC Returning FC (complete school at FC last June) Goalie

Legal Last Name: _____ Legal First & Middle Name: _____

Male Female Birthdate (DD-MM-YYYY) _____

Hockey Academy Fees will be paid by: parent/guardian band or sponsoring agency

Sponsoring Agency (if applicable) _____ Education Contact Person _____

Hockey Background

Current Club Affiliation: _____

Previous Teams Played on: _____

Current Hockey Level: _____ Position Played: _____

Coach or Other Hockey/Skills Reference: _____

Contact Information for Coach or Reference – Phone Number: _____

Email Address: _____

Any student health issues: (allergies, conditions etc)

Student's Signature _____ Date _____

Parent's (Guardian's) Signature _____ Date _____

If applicable:

_____ on Behalf of _____ Date _____
Sponsoring Agency Rep. Signature Sponsoring Agency

Check List For Complete Application:

General FC Application for Dormitory

Transcript

Informed Consent Form completed

Educational Trips, Excursions and Cultural Activities – Waiver – Frontier Collegiate
Off – site Activities, Consent, and Acknowledgement of Risk

Student's Name: _____

Date of Birth: _____

Please read the contents of the attached Off-Site Activities Consent and Acknowledgement of Risk form and clarify any questions or concerns with the Campus Administration (204-472-3431) before signing it. If this form is not signed and returned to the school, your student will not be allowed to participate in any of the below off-site activities.

As part of our Campus recreation and programming at Frontier Collegiate, students are able to sign up for low risk activities that may take place on or off the grounds of Frontier Collegiate. The list below are the possible low-risk activities:

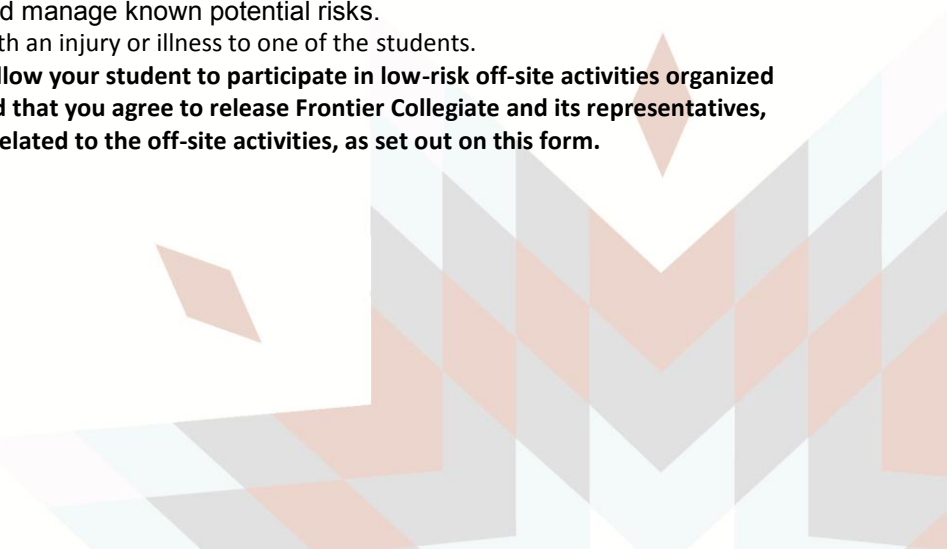
Skating at CP Arena	Workshops
Shinny Hockey at CP Arena	Seminars
Movie Nights in The Pas	Tours
Medical/Dental/Banking/MPI Trips	Drive Inn Theater trips
Local Sporting Events in The Pas/Flin Flon	Carnivals
Swimming at Flin Flon Aqua Center	FC Sports Teams/tournaments within MB
Visiting Provincial Parks near Campus	Picnics

In addition to the low-risk recreational programs listed above, students may also attend school sporting events and other low-risk educational field trips sponsored by Frontier Collegiate off-site.

Frontier Collegiate agrees that it will make every reasonable effort to ensure the following:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- In cases where students are being transported by parents and/or teachers in connection with the above-noted activity, Frontier School Division will ensure that insurance coverage is in place in accordance with Board policy and that each driver holds a valid driver's license, vehicle registration and the vehicle has sufficient seat belts for the number of passengers.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used is appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A safety plan is in place to identify and manage known potential risks.
- An emergency plan is in place to deal with an injury or illness to one of the students.

Your signature means that you agree to allow your student to participate in low-risk off-site activities organized by Frontier Collegiate during the year, and that you agree to release Frontier Collegiate and its representatives, agents, and successors from any liability related to the off-site activities, as set out on this form.



**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM**
Exhibit F.1.K-EX1-A4

Frontier Collegiate School

To the Parent(s)/Guardian(s) of: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form and clarify any questions or concerns with the teacher/leader before signing it. If this form is not signed and returned to the school by _____, your child will not be allowed to participate in the activity.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: Off-Site Low Risk Activities Waiver (see attached) DATE(S): _____ OR

SERIES OF OFF-SITE ACTIVITIES (Specify program): 20____ - 20____ school year

EDUCATIONAL PURPOSE/GOAL(S) OF ACTIVITY: All low risk excursions (see attached)

ITINERARY/ACTIVITIES: see attached

METHOD OF TRANSPORTATION: Division vehicles BY: Division employees

TEACHER-IN-CHARGE: _____ TOTAL NO. OF SUPERVISORS PLANNED: _____

SUPERVISORY ARRANGEMENTS: see attached

COST TO THE STUDENT: _____ WHAT TO BRING: _____

OTHER CONSIDERATIONS: see attached waiver form and explanation of low-risk activities

BOARD RESPONSIBILITIES

The Board will make every reasonable effort to ensure or ascertain the following:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- In cases where students are being transported by parents and/or teachers in connection with the above-noted activity, Frontier School Division will ensure that insurance coverage is in place in accordance with Board policy and that each driver holds a valid driver's license, vehicle registration and the vehicle has sufficient seat belts for the number of passengers.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used is appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A safety plan is in place to identify and manage known potential risks.
- An emergency plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

See attached

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM**
Exhibit F.1.K-EX1-A4

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
3. In consideration for the privilege of allowing my child to participate in the above-noted activity, I release Frontier School Division and its staff from and against any and all liability for any injury sustained by my child, regardless of how caused, resulting, arising or relating to my child's participation in the above noted-activity. I further agree to indemnify and save harmless Frontier School Division and its staff or agents from and against any and all suits, demands, torts, and action of any kind which may be made against its staff or agents from or in respect of arising out of any injury, loss, damage, or death resulting or suffered by my child whether by reason of any act, neglect or default by my child, Frontier School Division, Frontier School Division's staff, their agents or otherwise.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transportation arrangements.
6. I acknowledge that it is my responsibility to advise the Board, through its employees, of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
7. I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
8. Based upon my understanding, acknowledgement, and consents as described herein,

(Name of Student)_____ has my permission to participate in
the (Destination/Program) Low Risk Activities _____ field trip/activity.

Date:_____ Name (Please print):_____ Signature:_____

The personal information contained on this form is collected under the authority of *The Public Schools Act*, *The Education Administration Act*, and *The Freedom of Information and Protection of Privacy Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school Principal.

Adopted September 1, 2009

MEDICAL INFORMATION

Exhibit F.1.K-EX1-A5

Student Name: _____ School: _____

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	Revised May 11-12, 2015	
---------------------------	-------------------------	--

USE OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) STUDENT RESPONSIBLE USE AGREEMENT

Exhibit F.1.L-EX1

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.

I understand the Division shall not be responsible for the support, repair or replacement of any personal ICT devices.

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	Revised September 22-23, 2016	
---------------------------	-------------------------------	--



AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

Exhibit G.1.L-EX2

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		
---------------------------	--	--

AUTHORIZATION FOR HEALTH CARE PROCEDURES
To be completed by Parents/Guardians

Student's Name: _____ Birth date: _____

Address: _____

School: _____ Date: _____

I hereby request and authorize that my child receive at school, the health care procedures as described by our doctor and/or health care practitioner. The administration of such health care procedures are to be the responsibility of the principal or his or her designate.

This authorization is considered valid until _____
(no later than June 30 next following this date) unless withdrawn by the doctor, health care practitioner or parent.

We understand and agree that the Division agrees to perform the necessary procedure in exchange for this release from liability. We understand that the medical procedure will not be performed by a medical professional.

Further, we agree that we will keep the Division apprised of any changes in medical procedure(s) to be performed.

Signature of Witness

Signature of Parent/Guardian

Date

Date

Adopted September 1, 2009		
---------------------------	--	--

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 signature

Date

Mailing Address

Postal Code

Phone number

INFORMED CONSENT – STUDENTS

Exhibit G.2.B-EX1

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:

- Should circumstances change during the school year, you may change your consent at any time by contacting the school Principal in writing.
- 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		
---------------------------	--	--