

Margaret Barbour Collegiate Institute
 Box 1169 The Pas MB R9A 1P9
 Telephone: (204) 623-3485 Fax: (204) 623-3139

Grade 9 Registration: Date: _____ MET# (if known): _____

Legal Surname _____ Legal First Name _____

Legal Middle Name _____ Usual First Name _____ Male Female

Grade Level _____ Date of Birth: M _____ D _____ Y _____ Treaty # _____ Band _____

Parent(s): _____

Street Address _____ Box # _____ City/Town _____ Postal Code _____

Parent Phone # _____ Mom's Cell Phone # _____ Dad's Cell Phone# _____

Student Cell Phone # _____

Mom's Work Phone# _____ Place of Work _____

Dad's Work Phone # _____ Place of Work _____

Parent Email _____

I am living with (if different from above): _____ Relationship to you _____

At _____

(Street Address)

(Mailing Address)

(Postal Code)

Guardian Phone # _____ Guardian Cell Phone # _____

Guardian - Work Phone# _____ Place of Work _____

Agency involvement/Sponsorship _____

Name of Siblings _____

Name and address of most recent school attended: _____

Last attended in (Month, Year): _____

Course Requests:

Grade 9 students will have their compulsory courses (English, Science, Social Studies and Physical Education) timetabled for them. Students must, however, select a Mathematics course delivery method in Grade 9. Students, upon advice from the Grade 8 teacher, may be placed in tutorial programs which meet provincial requirements for Grade 9.

A. Please check one of the following Mathematics courses: (all meet the provincial requirements)

_____ **Choice A – Mathematics 10F (MAT10F):** 1 Semester only – 1 credit

_____ **Choice B – Mathematics 10F (MAC10F):** Full Year Program – 1.5 credit

B. Please list four (5) complementary courses in order of preference. The school will try to give you your first four choices, but if one of them doesn't work, we will use the fifth choice. (Write them using the 3 letter and 3 number code – eg.ART10G.)

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____ 4th Choice: _____

5th Choice: _____

C. For ACE students wanting to take Grade 10 courses OR students wanting to take Mathematics Grade 9 and Grade 10 in one year or other Grade 10 compulsory courses. Indicate below which course you are requesting (details on courses available, can be obtained from MBCI administration).

Course: _____

D. French Immersion students indicate courses here: FRA 10F _____ MAF 10F _____
 (only offered if sufficient numbers and staffing) SHM10F _____

Parent/Guardian Signature: _____

Information Releases:

The information collected on this form as part of the school registration process is personal information as referred to in the *Freedom of Information and Protection Of Privacy (FOIP) Act*. This personal information is collected pursuant to the provisions of the Manitoba Public Schools Act and its regulations, and pursuant to section 32 © of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment. The *FOIP Act* requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the *School Act*. This includes many activities that are part of normal school community interaction and health considerations such as:

- 1) Individual photos that are taken;
- 2) Photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and buses;

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- 3) Class and team photos that are taken and used within the school;
- 4) Student name and description of activities that are used in the school newsletter and other school communications;
- 5) Student name, photograph and write-up that are included in school yearbook (if one is produced);
- 6) Student names that are included in an honour roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
- 7) Media photographs or videos of classrooms and school activities, where individual students cannot be identified, may be taken and used by the media;
- 8) Student names that are used on artwork, written material, or other items to be displayed in the school;
- 9) The use of student names, related contact information and phone numbers;
- 10) The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the Board applies on a student's behalf;
- 11) Immunization programs and visual, dental, hearing screening tests;
- 12) Enabling Parent Advisory Councils to communicate with parents;
- 13) Other similar activities within the school.

In addition, I grant the school permission to: (check each one you agree to)

1. Permission is granted to the school to release addresses and phone number to school related groups such as band boosters, graduation committee, etc.
2. Photographs or videos taken by or sent into the media or any other organization where individual students are identified or instances where students are interviewed.
3. Photographs or videos taken by the Division where the material will be used outside of the school.

_____ X _____
Student Name **Parent Signature** **Date**

Medical Questionnaire: Please complete the following. **Specify "yes" if doctor diagnosed.**

Medical # (9 digit) _____ **Family Medical # (6 digit)** _____

Family Doctor _____ Telephone _____

- | | | | |
|----|--------------------------|-----------------------|-----------------------------|
| 1. | Life Threatening Allergy | Yes___ No___ | If yes, specify: _____ |
| 2. | Prescribed an Epi-Pen | Yes___ No___ | |
| 3. | Asthma | Yes___ No___ | |
| 4. | Bleeding Disorder | Yes___ No___ | |
| 5. | Diabetes | Yes___ No___ | |
| 6. | Seizure Disorder | Yes___ No___ | |
| 7. | Eye Problems | Yes___ No___ | Prescribed eyeglasses _____ |
| 8. | ADHD | Yes___ No___ | Prescribed medication _____ |
| 9. | Other | Please specify: _____ | |

Emergency Contact:

Name _____ Relationship _____

Telephone _____

This medical information is being collected so that appropriate health care plans may be developed and may be necessary to obtain funding. This information will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act. Questions should be directed to the Superintendent of Kelsey School Division, Box 4700, The Pas MB R9A 1R9.

***There is NO hazing allowed. Please report any problem to school administration**