



# Maples Met School

## NEW STUDENT Application Form (2021 - 2022)

This personal information is being collected under the authority of the Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Superintendent of Seven Oaks School Division, 830 Powers Street, Winnipeg, Manitoba, R2V 4E7; Telephone (204)586-8061.

**To apply for the Maples Met School you need:**

*(See application checklist for more information)*

- Student submission & letter\*
- Parent/guardian (or significant adult) letter\*
- A copy of a recent report card
- Completed application form (this form)

**DUE DATE: MARCH 9<sup>th</sup>**

\* The student submission should be your best piece of work and can be submitted in any format. In the student letter, explain why you want to attend the Met School, including your interests, passions, and goals, and why you think it's a good fit. The parent letter is a chance for you to share your perspectives on the child as a learner. You may want to share past learning experiences, including accomplishments and challenges, and why the Met School appeals to your child and your family.

**Please submit completed application to:**

**Your Grade Level in September 2021:**                      9                       10                       11                       12

**Most Recent or Current School** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Information**

Legal LAST Name		Legal FIRST Name		MIDDLE Name
Preferred NAME: (if different from above)		Birth Date (mm/dd/yy)      /      /		Gender:
Home Address:		City & Province		Postal Code:
Home Telephone	Unlisted? Y / N	Student Cell		
MB Medical- Personal # (9 digit)		MB Medical - Family # (6 digit)		

Are you a resident of the Seven Oaks School Division?    Yes     No     **If NO, complete & attach a School of Choice/Out of Division Form**

**CUSTODY:** Are there any legal restrictions to this child?    Yes     No     (if Yes, A copy of legal documents must be on file at school.)

**CHILD IN CARE OF C.F.S.?**                      Yes     No     If yes, Name of Agency & Contact Person: \_\_\_\_\_

If not a Canadian citizen are you: Landed Immigrant     Refugee     Visa Student     Date Entered Canada: (mm/dd/yy) \_\_\_\_\_

To which ethnic/cultural group do you belong? \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_

Permanent Resident #: \_\_\_\_\_

**Guardians: (List in order of priority to call.)**

LAST Name		FIRST Name		Relation
Home Address – CHECK if SAME AS ABOVE <input type="checkbox"/>				Postal Code
Telephone	Home	Cell		Work
e-mail:		Employer		Legal Guardian?    Yes    No
LAST Name		FIRST Name		Relation
Home Address – CHECK if SAME AS ABOVE <input type="checkbox"/>				Postal Code
Telephone	Home	Cell		Work
e-mail:		Employer		Legal Guardian?    Yes    No
<b>THIS CHILD LIVES AT THIS ADDRESS:</b> Full-time: <input type="checkbox"/> Almost Full-time: <input type="checkbox"/> About 50% of the time: <input type="checkbox"/> Less than 50% of the time: <input type="checkbox"/>				

**Parent/Guardian who DOES NOT reside at the above address:**

LAST Name		FIRST Name		Relation
Home Address				Postal Code
Telephone	Home	Cell		Work
e-mail:		Employer		Legal Guardian?    Yes    No
<b>THIS CHILD LIVES AT THIS ADDRESS:</b> About 50% of the time: <input type="checkbox"/> Less than 50% of the time: <input type="checkbox"/> Never/Rarely: <input type="checkbox"/>				

Band and Choir are available to Maples Met School Students through Maples Collegiate. If you want to take Band and/or Choir, please make that choice here:

BAND                       CHOIR                       NEITHER                      Please check as many as apply

Instrument Played: \_\_\_\_\_

**PLEASE SEE REVERSE SIDE OF SHEET**

STUDENTS PRIMARY ADDRESS



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### Emergency Contact: (Person other than parent in the event we are unable to reach the parents)

LAST Name		FIRST Name	Relationship
Telephone	Home	Cell	Work
Doctor's Name & Telephone #:			

### Brothers and Sisters:

Name	Birth Date	Address	Grade	School

### Medical Questionnaire (Specify YES if physician diagnosed)

1	<b>Life Threatening</b> Allergy	YES <input type="checkbox"/>
	If YES, Specify:	
2	Prescribed an EpiPen	YES <input type="checkbox"/>
3	Asthma	YES <input type="checkbox"/>
4	Bleeding Disorder	YES <input type="checkbox"/>
5	Diabetes	YES <input type="checkbox"/>
6	Heart Condition	YES <input type="checkbox"/>
7	Seizure Disorder	YES <input type="checkbox"/>
8	<b>NONE OF THE ABOVE</b>	<input type="checkbox"/>

This medical information is being collected so that appropriate health care plans may be developed. This information will only be shared with appropriate individuals. This information is protected by the Personnel Health Information Act. Questions should be directed to the Superintendent of the SOSD.

Other **significant** conditions that are physician diagnosed (i.e. ulcerative colitis, Crohns, transplants, spina bifida, etc.):

**OFFICE ONLY:** If any items have been checked off please forward to Principal.

### Support Services (Please check ✓ if your child has utilized any of the following services)

Psychiatry	Psychology	Social Work
Resource Teacher	School Counselor	Private Counseling
Speech and Language	Occupational Therapy	Physiotherapy
Other:		

### If any services above are (✓), please complete details below:

Name of Agency or Service	Name of Contact Person
Address	Phone
Reason for service:	

The Support Services information is being collected so that appropriate educational services may be provided for your son/daughter. This information will only be shared with appropriate individuals. This information is protected by the Freedom of Information & Protection of Privacy Act. Questions should be directed to the school principal

**Indigenous 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 Indigenous Learners. **Providing this 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 (FIPPA) as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.

I am submitting my child's Indigenous Identity Declaration for the first time OR  
 I am making changes to my child's Indigenous Identity Declaration OR  
 I have already submitted my child's Indigenous Identity Declaration and have no changes

Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? Note: First Nations (North American Indian) include Status & Non-Status Indians. If "Yes", mark the square(s) that best describe(s) your child now:

YES First Nations       YES Métis       YES Inuk (Inuit)

Which best describes your child's Indigenous cultural-linguistic identify? Please select up to **two** choices:

Anishinaabe (Ojibway/Saulteaux)	Ininiw (Cree)	Dene (Sayisi)	Dakota	Oji-Cree	Michif	Inuktitut	Other:
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Are you a Band Sponsored First Nations student?  If Yes, Sponsor: \_\_\_\_\_

### Signature: (Verifying that all information is true and correct)

PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

### Please check:

I understand we are making a one year commitment as Met School credits are earned over the course of the entire year (not by semester).

I give permission for my child's photos to be used in newsletters, brochures, web pages, media, etc.

### For office use only:

Release of Information	Sent _____	Received _____
	Date	Date
<b>FINAL ACCEPTANCE is subject to verification of: Guardianship, Custody &amp; Residency in Seven Oaks School Division</b>		
Driver's License <input type="checkbox"/> Legal Documents <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Manitoba Health <input type="checkbox"/> Statement: MTS <input type="checkbox"/> Hydro <input type="checkbox"/> Cable <input type="checkbox"/> Other: _____		
Administrator's Approval: _____		Date Entered: _____