



2024-2025 Home Placement STUDENT APPLICATION FORM

NAME & LOCATION OF HIGH SCHOOL APPLYING FOR _____

PERSONAL INFORMATION

Student Name: _____ Birthday (D/M/Y): ____/____/____
Present Age: ____ Gender ____ F ____ M MHSC # (6 digits) _____ PIN # (9 digits) _____
Treaty: ___ Yes ___ No Band Name & Treaty Number _____ ___ On Reserve ___ Off Reserve
Please list any allergies/medical conditions: _____

PARENT OR LEGAL GUARDIAN INFORMATION

Father: _____ Mother: _____ Guardian: _____
If Guardianship is other than the mother or father, do you have legal documents giving you guardianship? ___ Yes ___ No
Is the child under the care of a Child and Family Agency? ___ Yes ___ No Agency: _____
Mailing Address (Street/Box #): _____
Home Telephone: _____ Work Telephone: _____ Cell Number: _____
E-mail Address: _____

HOME PLACEMENT PREFERENCE (if unsure, leave blank)

Name: _____ Relationship (aunt, friend, etc.) _____
Mailing Address (Street/Box #): _____
Home Telephone: _____ Work Telephone: _____ Cell Number: _____
E-mail Address: _____

ALTERNATE CONTACT (where can we locate you if you are not at your home placement?)

Name/Address/Telephone: _____
Name/Address/Telephone: _____

PROGRAM INFORMATION (please check the grade you are applying for) Gr. 9 Gr. 10 Gr. 11 Gr. 12

Program Request: Academic Technical/Vocational CVE

Last School Attended (or currently attending): _____

USE OF PICTURES FOR PROGRAM PROMOTION

From time-to-time pictures are taken of students in the Home Placement Program. Do you give permission for the pictures to be used in promotional materials such as publishing on the Internet, newsletters and brochures? ___ Yes ___ No _____ Parents Initials

Signature of Student

Signature of Parent/Guardian

Date

Deadline for 2nd Semester Applications: January 17, 2025

**Please return the application forms to the Home Placement Program
30 Speers Road, Winnipeg, MB R2J 1L9 FAX: 204-258-2063 or scan to debra.perih@fsdnet.ca**



2024-2025

Division Office
30 Speers Road
Winnipeg Manitoba R2J 1L9
Phone: (204) 775-9741
Fax: (204) 258-2063

**ACCESS TO PUPIL INFORMATION:
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

Student's Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____
Year Month Day

I give the Home Placement Program permission to release school-related information (e.g. academic records, attendance records, discipline reports, and health care interventions) to the receiving school, house parents, or agencies. This information is used for the educational programming of the student.

I also give permission for Home Placement staff to access my child's academic progress and attendance through the receiving school's online program such as Maplewood, Power School, Home Logic, Parent Connect, Parent Portal and Edsby.

I understand that I must give approval for my child to be sponsored in the Home Placement Program.

Parent/Guardian's Signature

Date

STUDENTS 18 YEARS OR OLDER: RELEASE OF INFORMATION

Students 18 or older or who will be turning 18 during the school year are expected to release information to their parents/guardians, house parents, and Home Placement Program. I understand that I must give my approval to be sponsored.

I hereby give permission to the school and Home Placement Program to release information to my parents/guardians, house parents, or agencies.

Student's Signature

Date



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:

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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