



2025-2026 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 Regular Applications: May 15, 2025
Deadline for Technical-Vocational Applications: April 15, 2025
Please return the application package to the Home Placement Program
30 Speers Road, Winnipeg, MB R2J1L9 FAX: 204-258-2063



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		
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