FRONTIER SCHOOL DIVISION

Home Placement Student Application Form 2018/2019
30 Speers Road, Winnipeg MB R2J 1L9 Fax: (204) 258-2063

A. NAME & LOCATION OF SCHOOL APPLYING FOR (Where do you want to go to school?): _____

B. PERSONAL INFORMATION: **Student Name**: _____
Legal Last Name First (Given) Name Middle Name (s)

Birthdate: Day _____Month_____Year_____ **Present Age**: _____ **Gender:** F ◯ M ◯

MHSC#(6 digit)_____ **PIN#(9 digit)** _____

Treaty: YES ☐ **NO** ☐ **Band Name & Treaty Number** _____ **ON RESERVE** ◯ **OFF RESERVE** ◯

Please list any allergies/medical conditions:

_____

C. PARENT OR LEGAL GUARDIAN INFORMATION: Father: _____Mother:_____

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 or Box #):_____

Home Telephone: _____ Work Telephone:_____Cell Number: _____

E-Mail Address: _____

D. HOME PLACEMENT PREFERENCE: (If unsure, leave blank)

Name: _____Relation (aunt, friend, etc.): _____

Mailing Address(Street or Box #):_____

Home Telephone: _____Work Telephone:_____Cell Number:_____

E-Mail Address: _____

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

Name/Address/Telephone: _____

Name/Address/Telephone: _____

F. PROGRAM INFORMATION (Please check the grade you are applying for): Gr. 9 ◯ Gr. 10 ◯ Gr. 11 ◯ Gr. 12 ◯

Program Request: (Circle one) Academic ◯ Technical/Vocational ◯ CVE ◯

Last School Attended (or currently attending): _____

G. 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 material such as publishing on the world wide web (Internet), newsletters, and brochures? **YES** ☐ **NO** ☐ **PARENT Initials** _____

_____ _____ _____
Signature of Student **Signature of Parent/Guardian** **Date:**

FOR OFFICE USE ONLY:

Student Advisor Approval:_____**Date:**_____

Comments _____

School Committee Approval _____**Date:** _____

Area Superintendent Approval _____**Date:** _____