



Our Lady of Victory School

249 Arnold Avenue
Winnipeg, Manitoba R3L 0W4
Phone 204-452-7632 or Fax 204-453-3081
E-Mail: olv@victoryedu.com Web page: www.victoryedu.com

Date Received _____

**Registration Fee
Received:**

\$75.00 _____

\$150.00 _____

2024-2025 New Student Registration Form

PLEASE PRINT

Student Information

Date: _____ Applying for Grade _____

Student's LEGAL NAME (as it appears on the student's birth certificate and/or passport):

_____ Legal Last Name

_____ Legal First Name

_____ Legal Middle Name

Gender: Male Female

Date of Birth: _____
month/day/year

Home Address _____
Street Address City/Town Postal Code

Current School Name and Address: _____

Religion: _____ Parish/Place of Worship: _____

Year of: Baptism _____ First Communion _____ Confirmation _____

FOR OFFICE USE ONLY:

Date Received: _____

Documents Received:

- Registration Fee Received (non-refundable)
- Birth Certificate
- Baptismal Certificate
- Citizenship documents/Landed Immigrant documents/Confirmation of Permanent Residence
- Passport
- Immigration Visa
- Manitoba Medical Card
- Progress Report/Report Card
- Void cheque or banking information

Languages Spoken and Citizenship

Student's First Language: English French Other: (please specify) _____

Birth Country: Canada Other: (please specify) _____ Date child arrived in Canada _____
month/day/year

Country of Citizenship: Canada Other: (please specify): _____

If another citizenship, please indicate status in Canada:

Permanent Resident Refugee Claimant Work Permit Study Permit Other (please specify) _____

*****Copies of Status in Canada documents MUST BE PROVIDED at time of registration *****

Aboriginal Identity Declaration

Aboriginal 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 Aboriginal learners. Providing this personal 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, _____
(name of parent/guardian, please print clearly)

- Am submitting my child's Aboriginal Identity Declaration for the first time
- Am making changes to my child's Aboriginal Identity Declaration
- Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?
(Note: First Nations (North American Indian) include Status and Non-Status Indians)

If "Yes," check the box(es) that best describe(s) your child now:

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices.

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other: Please specify _____

Custody Information

Are there any custody orders in place for this child? No Yes (if yes please provide school with legal documents)

Child lives with: Both parents Joint Mother Father Legal Guardian Foster Parents CFS
 Other (please specify) _____

Family Information

Parent/Guardian #1

Last Name: _____ First Name: _____ Relationship to child: _____

Address: _____ Postal Code: _____

Employer: _____ Work Number: _____

Cell Number: _____ Home Number: _____

Email: _____

Parent/Guardian #2

Last Name: _____ First Name: _____ Relationship to child: _____

Address: _____ Postal Code: _____

Employer: _____ Work Number: _____

Cell Number: _____ Home Number: _____

Email: _____

Siblings

_____	Name	_____	Age	_____	School
_____	Name	_____	Age	_____	School
_____	Name	_____	Age	_____	School
_____	Name	_____	Age	_____	School
_____	Name	_____	Age	_____	School

Emergency Contact Information

If the listed parent(s)/guardian(s) are unavailable, the following are authorized to care for the child in case of an emergency.

Emergency Contact #1

Last Name: _____ First Name: _____ Relationship to Child: _____

Cell Number: _____ Work Number: _____ Home Number: _____

Emergency Contact #2

Last Name: _____ First Name: _____ Relationship to Child: _____

Cell Number: _____ Work Number: _____ Home Number: _____

Emergency Contact #3

Last Name: _____ First Name: _____ Relationship to Child: _____

Cell Number: _____ Work Number: _____ Home Number: _____

Medical Information

Manitoba Medical Numbers: _____
Student Personal Health Number (9-digits) Family Health Number (6-digits)

Name of Family Doctor: _____ Phone Number: _____

The school must be aware of any health condition and ongoing prescribed medications.

Does your child have a diagnosed medical condition? No Yes (If, yes please complete attached URIS Form)

If yes, please describe: _____

Is your child on any ongoing prescribed medication? No Yes

If yes, name of medication(s): _____

Who administers the medication during school hours? Home School

Other relevant healthcare/medical information: _____

Emergency Procedures:

If your child should become ill or injured during the school day, the school will notify the parents. If we are unable to reach the parents we will call your emergency contact(s). In the event that we are unable to reach neither the parents nor emergency contact(s), it is the school's policy that a staff member takes the child to the Children's Hospital or the nearest hospital. While we hope that we never have to use your authorization to do so, we would appreciate it if you would grant us this authority by completing the following. In the event that an ambulance is deemed necessary, the parent/guardian shall be **billed for this service**.

Please check one:

- I agree with the above procedure.
 I do not agree with the above procedure and request that the school.

School Bus Transportation

Do you require school bus transportation? Yes No

No One Home:

The bus driver cannot leave a child until he sees they have entered the home/apartment building safely. If there is no one home, the school will be contacted and if we cannot contact you then the bus will drop the child back at school where you have to go to pick up your child. **You may be billed for the cost that the bus company charges for a return trip to the school.**

Cold Weather:

The school busses do not run when the temperature with the wind chill is colder than -45° C. If you cannot transport your child(ren) to school yourself then they will be marked absent from school. By 6:30am the principal will know if the school busses will not be running. The principal will change the message on the answering machine to indicate this as well as update the website.

Change of Address:

If there is a change of address, you must give the office 1 week notice of change to make arrangements with the bus company. A change of address may cause you to lose the bus service if the bussing company cannot accommodate the new address.

With this application I / we accept the following:

1. The right of Administration to remove a student from the bus permanently whose conduct warrants such action.
2. Bus transportation rates as determined by the Board of Directors of Our Lady of Victory and **prompt payment thereof**.
3. The right of Administration to no longer provide bus transportation if there is a change of address during the school year.
4. The right of Administration to not provide bus transportation if buses have reached capacity and/or address is too far to deviate from bus route.

Student Support Services

Please indicate any school supports your child used in their previous school:

- Behaviour Plan (BIP) Individual Education Plan (IEP) Behaviour Plan (BIP) Speech/Language

Agreements

With this application I / we accept the following:

1. The Policies, Rules and Regulations as stipulated in the Our Lady of Victory in our School Handbook. (located on our website)
2. The right of Administration to instruct Catholic Faith and Sacraments.
3. The right of Administration to discipline or dismiss a student whose conduct warrants such action.
4. Tuition rates as determined by the Board of Directors of Our Lady of Victory and prompt payment thereof.
5. Student photos or videos to be used for advertising, Our Lady of Victory School website, newsletters, etc.

Signatures

The following signatures verify the above information is true and accurate. I will provide the school with updated information as circumstances change.

Date: _____ Parent/Guardian Signature _____

Parent/Guardian Signature _____

Unified Referral and Intake System (URIS) Group B Application

In accordance with Section 15 of *The Personal Health Information Act* (PHIA), the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. If you have questions about the information requested on this form, you may contact the community program.

Section I – Community program information (to be completed by the community program)

Type of community program (please ✓) <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program	Name of community program: Our Lady of Victory School
	Contact person: Mrs. Joy Gevers
	Phone: 204-452-7632 Fax: 204-453-3081
	Email: olv@victoryedu.com
	Address : Our Lady of Victory School Street: 249 Arnold Avenue City/Town: Winnipeg, Manitoba POSTAL CODE: R3L 0W4

Section II - Child information

Last Name	First Name	Birthdate
<input type="text"/>	<input type="text"/>	<input type="text"/>
		month (print) D D Y Y Y Y

Also Known As

<input type="text"/>

Please check (✓) all health care conditions for which the child requires an intervention during attendance at the community program.

<input type="checkbox"/> Life-threatening allergy (and child is prescribed an EpiPen) Does the child bring an EpiPen to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Asthma (administration of medication by inhalation) Does the child bring asthma medication (puffer) to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Can the child take the asthma medication (puffer) on his/her own? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Seizure disorder What type of seizure(s) does the child have? _____ Does the child require administration of rescue medication (e.g., sublingual lorazepam)? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Diabetes What type of diabetes does the child have? _____ Does the child require blood glucose monitoring at the community program? Type 1 YES NO Type 2 YES NO Does the child require assistance with blood glucose monitoring? YES NO Does the child have low blood sugar emergencies that require a response? YES NO
<input type="checkbox"/> Cardiac condition where the child requires a specialized emergency response at the community program. What type of cardiac condition has the child been diagnosed with? _____
<input type="checkbox"/> Bleeding Disorder (e.g., von Willebrand disease, hemophilia) What type of bleeding disorder has the child been diagnosed with? _____



<input type="checkbox"/> Steroid Dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease) What type of steroid dependence has the child been diagnosed with? _____
<input type="checkbox"/> <i>Osteogenesis Imperfecta (brittle bone disease)</i>
<input type="checkbox"/> Gastrostomy Feeding Care Does the child require gastrostomy tube feeding at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of medication via the gastrostomy tube at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Ostomy Care Does the child require the ostomy pouch to be emptied at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the established appliance to be changed at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with ostomy care at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Clean Intermittent Catheterization (IMC) Does the child require assistance with IMC at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Pre-set Oxygen Does the child require pre-set oxygen at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring oxygen equipment to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Suctioning (oral and/or nasal) Does the child require oral and/or nasal suctioning at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring suctioning equipment to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO

Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

(child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act (FIPPA)* and *The Personal Health Information Act (PHIA)*.

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

Parent/Legal guardian signature

Date

Mailing Address

Postal Code

Phone number

COMPUTER & NETWORK ACCEPTABLE USE POLICY

Our Lady of Victory School provides students with access to computers (including tablets) and to the Internet. This access is a privilege, not a right, and it is made available only so long as you agree to our *Acceptable Use Policy*. Inappropriate use of any network resource, Internet or otherwise, will lead to a variety of consequences. Any misuse is categorized as a major incident resulting in serious consequences. The consequences, after an investigation with the classroom teacher and the administration, resulting in a suspension of the right to access the computer network, to suspension/expulsion from the school. The degree of consequence administered would depend on the severity of the incident and the intent of the student at the discretion of the administration. Parents would be informed of any consequences.

The following is a listing of guidelines, as well as a list of specific behaviours that may lead to disciplinary action.

- Use of computers and tablets are intended for educational and/or research purposes.
- School computers and tablets are a shared resource, and must be used in moderation, along with other members of the school.
- When interacting with others via the Internet, students are expected to behave as they would in any other environment where they represent the school.

Inappropriate use of school computers, tablets, and network includes, but is not limited to:

- Tampering with computers, computer systems, computer equipment (including tablets), software, network cabling or routing devices.
 - Transmitting any material in violation of Canadian Law.
 - Duplicating, storing, or transmitting pornographic materials.
 - Transmitting or posting bullying, threatening, abusive, or obscene material.
 - Duplicating, storing, or transmitting copyrighted material that violates copyright law.
 - Using abusive, vulgar, profane, obscene or other inappropriate language.
 - Bullying, harassing, insulting, or attacking another person via Internet or school network
 - Reposting personal e-mail.
 - Corresponding with unknown persons, unless authorized by a teacher.
 - Downloading ANY material not use for academic purposes, unless authorized by a teacher.
 - Subscribing to mailing lists, newsgroups, computer games, or any other services, unless specifically directed to do so by a teacher.
 - Using the school network to make unauthorized entry into other computer resources.
 - Using another person's account on the accessible computer systems.
 - Using software designed to disrupt the security of the school network or devices
 - Knowingly and intentionally engaging in any activity that spreads computer viruses to computers at school or on the Internet.
 - Using "chat" areas
 - Using the network for commercial/shopping purposes.
 - Using the network for illegal, inappropriate, or obscene purposes, or in support of such activities.
-

PLEASE KEEP THIS PAGE



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COMPUTER & NETWORK ACCEPTABLE USE AGREEMENT

Please sign and return this form with the registration form.

Agreement with Student

I understand my responsibilities pertaining to the use of the Internet. I agree to follow the Internet guidelines developed by my school as outlined in the Our Lady of Victory *Computer & Network Acceptable Use Policy*.

Further, I understand that any violation of the above conditions, rules, and *Computer & Network Acceptable Use Policy* may constitute a suspension of privileges and/or any other consequences deemed necessary.

Student's Name _____

Agreement with Parent/Guardian

As a parent or guardian of this child, I have read the Acceptable Use Document. I understand that this access is designed for educational purposes. Our Lady of Victory School has taken precautions to circumvent student access to controversial material. However, I also recognize it is impossible for Our Lady of Victory School to restrict access to all controversial materials and I will not hold the school responsible for materials acquired on the network.

Parent/Guardian Signature _____

Date _____



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THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

Dear Parents/Guardians:

Throughout the year, teachers will do activities off school grounds. These activities include but not limited to going to the park, Osborne Public Library, Park Alleys Bowling, McDonald's, 7-Eleven, and Churchill High School. These activities will happen during school hours between 8:45am and 3:00pm in close proximity of the school and require no vehicle transportation. Students will always be back and ready to go home before the bell rings at 3:15pm. Students will be supervised at all times during these activities. A letter will go home to let you know about the activity and any items needed such as sun screen, hat, water bottle, etc. This permission slip will allow your child(ren) to go on these types of activities for the current school year.

ELEMENTS OF RISK

Educational activities such as this involve certain elements of risk. Accidents may occur while attending this activity. These accidents may cause injury. **Potential hazards may include but are not limited to the following:**

- Hazards due to crossing streets
- Falling or tripping from walking/running
- Bumps or bruises due to carelessness

These accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the School or its employees or agents, or the facility where the event is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring. **The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.**

Please understand that you will bear the responsibility for any accident that might occur. Our Lady of Victory School does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity. This activity will be supervised by the classroom teacher.

Sincerely,
Suzanne Midford, Principal

ACKNOWLEDGMENT

We have read the above; we understand that in participating in these activities, we are assuming the risks associated with doing so.

I give _____ permission to go on these class activities.
(name of student)

Signature of Parent/Guardian: _____ Date: _____



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PAYMENT AGREEMENT

Customer Information – Please print clearly						
First Name	Last Name			Phone Number		
Address		City		Postal Code		
Payment Information						
Please check ONE of the following.						
<input type="checkbox"/> PAD <input type="checkbox"/> Other (Discussed with the Office) <small>All families will be placed on a PAD unless alternate arrangements have been made</small>						
Pre-Authorized Debit (PAD) Details						
Amount	Purpose					
\$	<input type="checkbox"/> Tuition Fee	<input type="checkbox"/> Bus Fee	<input type="checkbox"/> Classroom Fee	<input type="checkbox"/> Capital Fee	<input type="checkbox"/> Tech Fee	<input type="checkbox"/> Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Start Date	Monthly(20 th of the Month)					
September 20, 2024	<input type="checkbox"/>					
<input type="checkbox"/> Attached is a blank cheque marked “VOID” or a Pre-Authorized Payment Form from your bank.						
AUTHORIZATION						
I authorize <u>Our Lady of Victory School</u> to debit my account with the aforementioned financial institution for the amount and frequency described above until written notice to the contrary is given.						
<i>If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.</i>						
Payor Signature		2 nd Payor Signature (if joint account)		Date		
Student Information						
Name	Grade	Name	Grade	Name	Grade	

RECOURSE/REIMBURSEMENT

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

CANCELLATION

This Authorization may be cancelled at any time upon notice being provided by me, either in writing or orally, the proper authorization to verify my identity within 10 days before the next PAD is to be issued. I acknowledge that I can obtain a sample form or further information on my right to cancel this Agreement from Our Lady of Victory School or by visiting www.cdnpay.ca.



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TUITION & FEE INFORMATION 2024-2025

The following list provides the tuition information for Our Lady of Victory School for the 2024-2025 school year.

REGISTRATION FEE DUE AT TIME OF REGISTRATION

\$75.00 per Student or \$150.00 per family

		Yearly Fee (Sept – June)
TUITION FEES	Kindergarten	\$1,200.00
	1 Students	\$1,200.00
	2 Students	\$2,400.00
	3 Students	\$2,900.00
SCHOOL BUS	Per Student	\$1,300.00
CLASSROOM FEES Kindergarten to Grade 8	Per Student	\$100.00
CAPITAL FEE	<i>Per Family</i>	<i>\$150.00</i>
INDUSTRIAL ARTS (only grade 7 & 8)	Only if you are outside of Winnipeg School Division	\$525.00
BEFORE AND AFTER SCHOOL PROGRAM	Per Student	\$5.00/hour
UNIFORMS	Tops (shirts and sweaters) must be purchased through Top Marks. Bottoms (pants and shorts) may be purchased through Top Marks but do not have to be.	
	Gym uniform is required for grades 5-8. Uniform (t-shirts and shorts) must be ordered from Top Marks.	

Financial Assistance available on 1st come 1st basis. Financial Applications are due by May 1, 2024. No late submissions will be accepted. Application available on the OLV website.