

Welcome to Marymound School

Marymound School requires all School Admission and Permission forms to be **completed** by legal guardians **before** students begin. Once received the intake process for the student will begin.

Our school day begins at 9:25 a.m. and ends at 3:30p.m. All students will attend in person classes Monday – Thursday each week. School programming will occur on Friday based on each individual students plan.

If the student is going to be absent, late or picked up early please notify the school at 204-336-5285 or the student's driver.

To help us maintain a respectful atmosphere, we have the following regulations and dress code:

- Cell phones or electronic devices that contain cameras are not allowed in classrooms. Purses, backpacks, jackets or personal items (including cigarettes and lighters) also will not be allowed in the classrooms.

Students who bring these items will be asked to leave it with school staff upon entry and they will be returned at the end of the day.

- No offensive symbols, slogans and identification related to **gangs, drugs, or alcohol** displayed on clothing or headwear. **Students cannot wear bandanas.**
- All clothing must be worn in an appropriate manner and must not be revealing. **The administration will make the final determination on appropriate clothing worn during school hours. Students will be asked to change if they are wearing inappropriate clothing.**

It is strongly recommended that if a student has returned from PY1, MYC or CSU, or has returned from being OTR any time after 12:00 a.m., they are to remain home from school the following day in order to stabilize.

Communication plays an important role in how Marymound School functions. **Any** information that you feel is important to share with our staff is greatly appreciated and can contribute to the success of our students.

If you have any questions please feel free to contact the school at 204-336-5285.

Thank you,

Marymound School Staff

CONSENT FOR EXCHANGE OF INFORMATION

I, _____,
Legal Guardian(s) name

Give consent for Marymound School to receive and/or exchange written/verbal information about

Student Name

Birthdate (dd/mm/yy)

- Information may include this student's functioning in the following areas: educational, psychological, social/emotional, speech/language, physical/sensory, medical/psychiatric, justice/probation, or any other pertinent information.
- The sharing of this information will be used to facilitate educational planning.

Written documentation will be housed in a confidential and secure office, onsite at Marymound School.

Written/verbal information may be received from/exchanged with:

Pediatrician/Physician/Psychiatrist:

Children's Special Services:

Child and Family Services:

Mental Health Services:

WRHA/Hospital:

Justice/Probation:

Private Practice/Therapist

Other:

Legal Guardian name

Date

Legal Guardian signature

Witness

Date

This personal information will be used for the purpose of maintaining accurate and detailed student records for as long as it serves the educational needs of the above named student. It is protected by the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act.

Marymound School Admission Package

Welcome to Marymound School

Marymound School is unique in Winnipeg. It provides specialized education to students with exceptional learning needs. Our goal is to offer young people a chance to succeed. At Marymound we firmly believe that every young person deserves and needs an education.

Please complete this entire admission package.

The information requested is necessary for staff to best serve the needs of each student.

Marymound School observes strict government privacy regulations. The personal information you provide will only be shared internally with authorized school personnel and responsible community agents for the purposes of delivering therapeutic and education services.

If you have any questions about information requested in this package, please contact, Leanne Sookermany, Resource Coordinator or Rhett Turner, School Principal at 204-336-5285.

Please return the following documents:

- ☐ Consent for Exchange of Information
- ☐ Student Information Forms (2)
- ☐ Medical History/Medical Information
- ☐ Student Transportation Information
- ☐ Behavioural Support Consent Form
- ☐ Media Consent Form
- ☐ Field Trip Consent Form
- ☐ Cultural Services Consent Form
- ☐ SWEEP Program Consent Form
- ☐ Smoking Consent Form

Student Information Sheet – To be filled out by Legal Guardian(s)

Student's information:

Student's Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____
DD/MM/YY

Address: _____ Postal Code: _____

Home phone: _____ Cell phone: _____

Email address: _____

Legal Guardian Name: _____

Agency name (if applicable): _____

Address: _____ Postal Code: _____

Main phone: _____ Cell phone: _____

Email address: _____

If a student lives with a single parent or guardian, please indicate who has **Legal Custody?**

☐ Joint ☐ Mother ☐ Father ☐ Guardian ☐ Agency ☐ Other _____

Is either parent prohibited from seeing this student? If yes, please indicate which:

☐ Mother ☐ Father ☐ Other _____

Emergency Contact Information:

	Name	Address	Home #	Cell #	Relationship to Student
1					
2					

Student Information Sheet – To be filled out by Legal Guardian(s)

Student name: _____

Medical Information:

Manitoba Health # _____
9 digits

PHIN # _____
6 Digits

Academic Information:

Previous School Attended: _____ Last Grade Completed: _____

Referring School Division: _____

Student Profile:

Involvement with Justice System:

if applicable:

☐ Past

☐ Current

☐ None

Details (NCO, Bail conditions, etc.): _____

Probation Officer: _____ Phone number: _____
(If applicable)

MEDICAL HISTORY/MEDICATION INFORMATION:

To be filled out by legal guardian(s)

Student name: _____

Date of Birth: _____
DD/MM/YEAR

1. Does this student have food or medication allergies? YES ☐ NO ☐

If yes please describe:

2. Does this student require medications: YES ☐ NO ☐

If yes name of medication and dosage:

Reason for medications: _____

3. Will this medication be required to be administered during the school day? YES ☐ NO ☐

If applicable **dosage** and **time** to be administered during the school day:

Non Prescription medications:

If your child requires over the counter medications during the school day (Tylenol, Advil, cough & Cold etc.) A phone call will be made to the caregiver for authorization. Marymound will support the short term administering of these non- prescription medications once there has been a conversation between the guardian and school staff. If your child is sick it is recommended that you keep them home until they are feeling better and school ready.

AUTHORIZATION

I, _____ hereby give Marymound School permission to administer the above
LEGAL GUARDIAN prescribed medication(s). I also agree to provide the medication in its original
container, including the official label of the pharmacy and the dispensing instruction of the doctor. I
understand that no medication will be administered if the above conditions are not met.

Student Transportation Information for Parents and Caregivers

Your child will be driven to and from school by Marymound School staff.

Drivers will be in contact with caregivers before the students first day of school to advise of the pick-up time.

Students are expected to be outside or by the door ready at the arranged pick-up time; if students are not ready when their driver arrives, caregivers will be responsible for alternate transportation.

Please note that sometimes due to traffic conditions and weather, pick up and drop of times may vary.

In some cases, transportation may be canceled due to severe weather conditions, you will be notified by your driver.

If a student will be absent please text or call the driver the night before or first thing in the morning, to let them know.

If a driver is sick, alternate drivers will pick-up your child; however the pick-up and drop off time may vary.

Transportation Cancellation Notice:

During the school year there may be times when school transportation is cancelled due to inclement weather or poor driving conditions, but schools will remain open. If you choose to transport your student to and from the Marymound School, staff will be available.

School transportation for all schools in the City of Winnipeg is cancelled when the wind chill reaches -45° C by 6:15 a.m. based on the Environment Canada readings at The Forks, Winnipeg. When transportation is cancelled in the morning, it will not resume later in the day even if weather conditions improve.

If you have any questions feel free to call the school (204)336-5285.

BEHAVIOURAL SUPPORT MEASURES

Student Name: _____

Marymound School Staff are all trained in Nonviolent Crisis Intervention (CPI). The Nonviolent Crisis Intervention training program includes physical interventions and personal safety techniques, which are designed to maximize the safety of everyone involved in a crisis situation. I understand Marymound School staff will intervene accordingly when my child's behavior is unsafe or seriously unacceptable by using appropriate measures.

This might include:

- Removing the student to a safe space (e.g., placement in the Opportunity room);
- If necessary, staff will use specified restraint and transport techniques (Non-Violent Crisis Intervention); to maintain safety for all students, staff and property.
- If above measures are unsuccessful, removal from school may be the alternative. If the student is unable to leave on their own, parent/guardians or a person designated by the parent will be contacted to arrange for pick up. If the parent is not available, help from Child and Family Services, The Winnipeg Police Service, or the City of Winnipeg Ambulance Service may be used.

I support the use of these behavioural control measures with my child. I will support the school decisions by:

- arranging for someone to respond in emergencies when phoned, and
- attending a re-entry meeting to review and, if needed, revise the behavior plan.

I understand that, if my child must be removed from school, s/he will not re-enter school until the re-entry meeting has occurred and a re-entry date has been set.

Legal Guardian Name (Print): _____

Legal Guardian Signature: _____ Date: _____
DD/MM/YYYY

Media Consent Form

From time to time, Marymound is the subject of media coverage involving print, radio, and television. Marymound fosters a positive relationship with media outlets as this kind of public exposure helps us highlight the agency and the programs and services we offer. It also raises awareness in the community about the work we do and why that work is important and necessary.

As a student or young person at Marymound, there may be opportunities to appear in print, on the radio or television. This consent form allows media outlets to use the young person's image in photos and/or video. It also allows the media to interview the young person, with a Marymound staff person present.

In compliance with the Child and Family Services Act, if the young person involved is in the care of child and family services, Marymound will advise the media outlet that this fact cannot be revealed in any media story.

We will try to advise the young person and his/her parent or guardian prior to the media event. At that time, should the parent or guardian wish to withdraw consent, they may do so.

Name of Student: _____

☐ I give permission to Marymound to allow the media to interview, photograph or videotape

for the purpose of public media stories about Marymound. If I choose to withdraw my consent, I may do so at any time.

☐ I **do not** give permission for the above.

Legal Guardian name: _____

Legal Guardian Signature: _____

Date: _____

Marymound School Field Trip Permission

Marymound School will be taking students on a variety of supervised outings and field trips during the school year.

Please authorize your child to participate in these outings by signing below.

Student's full name: _____

Legal Guardian Name (Print): _____

Legal Guardian Signature: _____ Date: _____

Aboriginal Cultural Services

Consent to participate in Cultural Programming

Name of student: _____

I understand that participation in the Cultural program is voluntary and requires consent. Medical health will be a consideration for participation as well.

- | | |
|--|--|
| <ul style="list-style-type: none">○ Sweat Lodge○ Smudging○ Outings○ Seven Sacred Laws○ Medicine Wheel Teachings | <ul style="list-style-type: none">○ Drumming on the Big Drum/Drum Making○ Name ceremonies○ Clan Teachings○ First Nations History○ Sharing Circles |
|--|--|

☐ I give consent for this student to participate in the above Cultural Program/Services.

Legal Guardian Name (Print)

Legal Guardian Signature

Date

☐ I do **NOT** give consent for the student to participate in the above ceremonies/services of the Cultural Program.

Please specify (i.e. medical, physical concerns):

SWEEP CONSENT FORM



Work Placement Consent Form:

Marymound has started an innovative vocational initiative. The Student Work Experience Program (SWEEP) connects youth with work placements. The young person will be supervised in the field with a one to one instructor from Marymound. Your child may have the opportunity to participate in the program. Please sign and record the date of your signing in order for your child to benefit from this program.

I hereby allow _____ to participate in SWEEP
program. Student Name

Name of Legal Guardian (print): _____

Signature of Legal Guardian: _____

Date: _____

If you have any questions about SWEEP, or would like more information, please contact:

Travis Liewicki
SWEEP Coordinator
tliewicki@marymound.com

Phone: 336-5265 / FAX: 334-1496

SMOKING CONSENT FORM

ONLY TO BE FILLED OUT IF STUDENT IS 16 OR OLDER

Please see policy below

Marymound follows a harm reduction approach in addressing youth smoking cigarettes, e-cigarettes, and vaping products. We therefore request as part of our intake process that the guardian of our youth provide consent to allow the youth to smoke while at Marymound.

Student Name: _____ Date of Birth: _____ Age: _____
MM/DD/YYYY

- ☐ I give permission to Marymound to allow the student to smoke cigarettes, e-cigarettes or vaping products.
- ☐ I DO NOT give permission to smoke any of these products
- ☐ I am NOT aware that this student smokes, and therefore do not give permission.

Name of Legal Guardian (Print): _____

Legal Guardian Signature: _____

DATE: _____

Staff may later attempt to retrieve consent if they believe youth are smoking without having the appropriate consent.

***Marymound School policy is; Marymound school provides designated smoke breaks to students 16 years of age and older. No student under that age, regardless of consent, will be granted permission to smoke during the school day on school property.**

