

Student Information			
Print Legal Name:			Home Phone #:
Home School:		Parent/Guardian:	
Birth Date: Month	Day	Year	Email Address:
2024-2025 Grade Level (please check only one): <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 2024 Grad (returning to complete my RRTVA program)			
Physical Address: Yard/House #		Street	City Postal Code
Mailing Address (if different than physical address): Box #		City	Postal Code
Last Vocational Program Attended:			Section:

2024-2025 timetables will verify semester assignment		Please mark section Grey areas indicate where the section is unavailable		
Program		A	B	C
Auto Body – Morris School (Steel toe boots required)				n/a
Automotive Technology – RVS, Dominion City (Steel toe boots required)				n/a
Carpentry – W.C. Miller Collegiate, Altona (Steel toe boots required)				n/a
Culinary Arts – W.C. Miller Collegiate, Altona				
Electrical Technology – NPC, Winkler (Steel toe boots required)				n/a
Esthetics – NPC, Winkler				
Hairstyling – NPC, Winkler				
Health Care Aide – Red River College (Gr. 12 Min)		Please contact your guidance department		
Heavy Duty Equipment Technology (Diesel) – GVC TEC, Winkler (Steel toe boots)				n/a
Piping Trades – Morden Collegiate, Morden (Steel toe boots required)				n/a
Welding – Morris School, Morris (Steel toe boots required)				n/a
High School Apprenticeship Program		Available throughout the year		

Parents/Guardians
<p>I give authorization and consent for the Red River Technical Vocational Area to use my child's photograph(s), video and audio recordings, and student work for educational and promotional purposes. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisements, news releases and newsletters, slide shows, video presentations, and the Internet through RRTVA website.</p> <p>Please check one for media release: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent/Guardian Signature (or Applicant if over 18 years of age): _____</p> <p>Date: _____</p>

For School Use	All highlighted fields need to be completed for application to be considered
<p><b>URIS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>*Schools must check at least one box below</b></p> <p>SSP <input type="checkbox"/> EAL <input type="checkbox"/> BIP <input type="checkbox"/> AEP <input type="checkbox"/> CMP <input type="checkbox"/> None <input type="checkbox"/></p> <p><b>MET #:</b> _____ <b>Authorized School Signature</b> _____</p>	