

OROMOCTO HIGH SCHOOL

REGISTRATION PACKAGE



When registering your student, please ensure that you have the following information:

Last report card or transcript

Personalized Learning Plan / IEP (if applicable)

Medicare number (if available)

Proof of Immunization

Birth Certificate

* We **MUST** have the students' Mother's maiden name to enter them into our system.

** Please note: All information must be fully completed before being processed.

~ Home of the Blues ~

Please email completed information to: jodi.cleghorn@nbed.nb.ca

Oromocto High School Registration Process

Step 1: Obtain registration package and OHS Course Handbook from Main Office staff (paper or digital).

Step 2: Complete all forms in package. Failure to fully complete forms may result in a delay in registration.

Step 3: Provide copies of supporting documentation (transcripts/report cards; personalized learning plan/IEP (if applicable); NB Medicare Number; proof of immunization; birth certificate; emergency medical plan (if applicable)).

Step 4: Return registration package and supporting documents to the OHS Main Office or by email to jodi.cleghorn@nbed.nb.ca.

Step 5: Office staff will request academic records from previous school.

Step 6: School Counsellor, Resource Teacher, and/or Administration will contact previous school as needed. If student has a personalized learning plan and/or exceptional needs, this process may take additional time.

Step 7: Once academic records have been received and transition phone calls have been made, families will be contacted by the School Counsellor to arrange a registration meeting. Please review the OHS Course Handbook prior to the meeting and identify classes of interest.

Step 8: Families attend a registration meeting with the student's School Counsellor. Schedules will be built to best accommodate the student's graduation pathway. Please note that course selection will be subject to availability.

Students will be scheduled to start classes two days after registration (e.g., registration meeting occurs on Monday, student starts classes on Wednesday). This process allows teachers and support staff time to prepare.

Step 9: Student will be matched with an OHS student ambassador. They will receive an orientation tour of the school and have opportunities to ask questions about the student experience at Oromocto High School.

Please note, to ensure the successful transition of all students,
the registration process may take up to 5-7 business days to complete.

**Anglophone West School District
Student Data Collection Form
School: Oromocto High School**

This form is to verify that the information we currently have on file is correct. Review the information listed and make any changes required directly on this form. Should this information change during the school year, please advise the school office. Please sign and return this form to your child's homeroom teacher.

(For School Use Only)

Grade: _____

Homeroom: _____

Bus In: _____

Bus Out: _____

½ day Bus: _____

STUDENT INFORMATION

Student's Name: _____ (Last, First Middle)

Student's Mother's Maiden Name: _____

Gender: () Female () Male () Non-binary

Preferred Name: _____ Date of Birth: (MM/DD/YYYY) _____

Physical Address

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If no please complete the information below)

Street Address/Apt.: P.O. Box: _____

Community: _____ Province: _____ Postal Code: _____

Ancestry Data – Self-identification – Completion of this section is voluntary

All Parents/Guardians and/or students are encouraged to self-identify. Self-identification is voluntary but is encouraged as this data will help School Districts and the Department of Education and Early Childhood Development to understand our student population better and to evaluate, research, and develop how to best support our students.

Please indicate the ancestries with which the student most identifies. **Select all that apply.**

- Mi'kmaw Wolastoqey Peskotomuhkati Other First Nation Inuk Métis Black
 African Caribbean South Asian (e.g., East Indian, Pakistani, Sri Lankan)
 Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai) West Asian (e.g., Iranian, Afghan, Turkish) Arab
 Latin American (e.g., Hispanic or Latin American descent) South American (e.g. Brazilian, Argentinian)
 White / Caucasian Chinese Filipino Korean Japanese Not listed Prefer not to answer

Additional Student Information

Home Phone: () _____

Languages Spoken at N.B. Home (Primary): _____

Languages Spoken at N.B. Home (Secondary): _____

Does your child have access to a device (computer, laptop, or tablet) at home to continue learning throughout the day?
(if you have 2 children and only 1 tool available, please choose YES for one child and NO for your second child)?

() Yes () No

Does your child have Internet access at home? () Yes () No

Student Contact 1 (Parent/Guardian)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

School Closure Emergency Can Pick Up Parent/Guardian Mailing Lives With

Phone 1: _____ Ext: _____ Type: _____ (e.g. Home, Mobile)

Phone 2: _____ Ext: _____ Type: _____

Phone 3: _____ Ext: _____ Type: _____

Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____ Language First Learned: _____

Student Contact 1 (Parent/Guardian) continued.....

Physical Address

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If no please complete the information below)

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Student Contact 2 (Parent/Guardian)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

[] School Closure [] Emergency [] Can Pick Up [] Parent/Guardian [] Mailing [] Lives With

Phone 1: _____ Ext: _____ Type: _____ (e.g. Home, Mobile)

Phone 2: _____ Ext: _____ Type: _____

Phone 3: _____ Ext: _____ Type: _____

Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____ Language First Learned: _____

Physical Address

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If no please complete the information below)

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Student Contact 3 (Other/Emergency/Weather Closure)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

[] School Closure [] Emergency [] Can Pick Up [] Parent/Guardian [] Mailing [] Lives With

Phone 1: _____ Ext: _____ Type: _____ (e.g. Home, Mobile)

Phone 2: _____ Ext: _____ Type: _____

Phone 3: _____ Ext: _____ Type: _____

Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____ Language First Learned: _____

Physical Address

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If no please complete the information below)

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Please use a separate sheet to add more contacts if required.

Medical Information

Medicare number: _____

Dr. Name: _____ Dr. Phone: _____

Does this child have any life-threatening conditions (e.g. risk of anaphylactic shock)?

() Yes () No --- If Yes, please describe.

If Yes, has a plan been developed with the school for managing this condition? () Yes () No --- If No, please contact the school to make an appointment.

Does this child require an EpiPen®? () Yes () No --- If Yes, () Junior-Between 33-65 lbs. OR () Regular-66 lbs. or more

Medical Information, continued....

Does this child have any other medical concerns of which the school should be aware?

Is there any other information you would like us to have that would help us improve service to this child?
(e.g. special services received, other professionals/agencies which are serving this child, etc.)

Siblings

| Name | School Attending |
|-------|------------------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

What do we do with student information?

To provide education, the public education system collects a variety of information about students. Some of this information is kept permanently and provides a record should it ever be needed in the individual's lifetime. This information includes legal name, address, attendance, grades, credits obtained, graduation status, high school transcript of marks, etc.

Additional information is also needed to provide a variety of services and supports to students. This type of information is kept only as long as it is relevant to the services provided. It can include standardized assessments, student work samples, clinical findings, teachers' or other professionals' comments, health information, intervention records, appeal records, copies of probation or custody orders, etc.

Medicare information is also collected, used, and disclosed for the purpose of creating a unique identification number for students, for registration purposes, and to verify immunization status with Public Health, in accordance with the Education Act and other applicable legislation.

The use and disclosure of student information falls into three categories:

1. to help educators and other professionals provide direct service to the student;
2. for research and planning activities to improve education and enhance programs and services that benefit student development; and
3. for administrative purposes.

Parent and student information may be shared with provincially approved third-party solutions or platforms, such as SchoolMessenger, SchoolCash or BusPlanner. These tools help schools communicate with parents, arrange student transportation, handle administrative tasks, and enhance digital learning.

The self-identification section is voluntary. Self-identification is encouraged as this data will help School Districts and the Department of Education and Early Childhood Development to do following:

- understand our student population better and the communities that we serve;
- develop better programming and services for everyone;
- uphold our commitments to create learning environments that are grounded in the principles of equity and inclusion;
- evaluate and research, and develop solutions on how to best support our students, particularly for groups who have been historically marginalized and experience systemic racism.

If you have any questions about how personal information is used in the school system, please contact your school or school district.

Custody Information

Please note: Schools are required to provide, on request from non-custodial parents, information about a student's education, except where a court order prohibiting access of a parent to a child exists. If there is a current, valid court order prohibiting access to this child, the responsibility rests with the custodial parent to provide the school with a copy of this document. Please contact the school.

Signature of Parent/Guardian

Date



Oromocto High School

25 Mackenzie Avenue
Oromocto, NB E2V 1K4

Phone: (506) 357-4015

Fax: (506) 357-4018



Supplementary Registration Form

Academic Programming Information for students enrolling at OHS
from School Districts other than Anglophone West School District

Student Name: _____

- | | | |
|---|-----|----|
| 1. Has your child ever received resource/special education support? If yes, please provide details. | Yes | No |
| _____ | | |
| _____ | | |
| 2. Does your child require continued resource support? | Yes | No |
| 3. Has your child ever had a Special/Individual Educational Plan? If yes, please provide a copy. | Yes | No |
| 4. Has your child ever had a psycho-educational evaluation? If yes, please provide a copy. | Yes | No |
| 5. Does your child have any specific learning disabilities? If yes, please provide details. | Yes | No |
| _____ | | |
| _____ | | |
| 6. Does your child have any physical disabilities/impairments? If yes, please provide details. | Yes | No |
| _____ | | |
| _____ | | |
| 7. Has your child ever had a behavior plan? If yes, please provide a copy. | Yes | No |
| 8. Has your child ever been enrolled in an alternate setting? If yes, please provide details. | Yes | No |
| _____ | | |
| _____ | | |
| 9. Has your child ever been enrolled in a part time program? If yes, please provide details. | Yes | No |
| _____ | | |
| _____ | | |
| 10. Has your child ever been denied admission to a school? If yes, please provide details. | Yes | No |
| _____ | | |
| _____ | | |
| 11. Is there any other information which you believe is important in order to establish appropriate programming for your child? If yes, please provide details | Yes | No |
| _____ | | |
| _____ | | |

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



Oromocto High School

25 Mackenzie Avenue, Oromocto, NB, E2V 1K4 Tel. 357-4015 Fax. 357-4018

STUDENT TRANSFER REQUEST

Student's legal name:

Date of Birth: MM DD YYYY

Grade: 9 10 11 12 (circle)

Program: English French Immersion (circle)

Name of Previous School:

City/Town & Province:

My student is transferring to Oromocto High School. Please release all relevant documentation concerning my son/daughter to his/her new school.

Thank you.

Parent/Guardian Signature: _____ Date: MM DD YYYY

For Office Use Only

NOTES TO SENDING SCHOOL

- BEFORE RELEASING THE ABOVE STUDENT'S CUMULATIVE RECORD, PLEASE EMAIL THE STUDENT'S MOST RECENT SCHEDULE AND TRANSCRIPT to jodi.cleghorn@nbed.nb.ca. This will help us schedule this student prior to his/her CR arriving.
- IF YOU ARE AN ASDW SCHOOL, PLEASE TRANSFER THIS STUDENT OUT OF YOUR DATA BASE TO Oromocto High School.
- IF YOU ARE NOT AN ASDW SCHOOL, PLEASE DEACTIVATE THIS STUDENT SO HE/SHE CAN BE REGISTERED HERE AT OROMOCTO HIGH SCHOOL WITHOUT ERROR.

Thank you,

Administrative Assistant OHS

Date



**STUDENT PHOTOGRAPHS AND STUDENT INFORMATION – PARENT/GUARDIAN
RTIPPA CONSENT FORM**

Category: Educational Services **Effective:** August 30, 2024

The Anglophone West School District and its schools are required to comply with legislation which protects students' personal information, in particular the *Education Act*, the *Right to Information and Protection of Privacy Act* ((RTIPPA) and the *Personal Health Information Privacy and Access Act* (PHIPPA). Parents/guardians of students under the age of 16 must be informed of how personal information is used and to give permission for those uses. Throughout the school year, student information may be used and disclosed for a variety of purposes (e.g., academic achievement, student celebrations, school photos). The following uses of your/your child's personal information require specific consent from you.


I, _____ give consent for _____
name of parent/guardian (or student over 16) *(name of school)*
to use and disclose personal information regarding my child/me _____
for the activities checked below. *(name of student)*

Please check the appropriate boxes: (to be completed for all students K-12)

- Yes, my child's name and grade level may be released to a school photographer for school pictures.
- Yes, my child's name and grade level may be released to a school photographer for a student identification card.
- Yes, my child's name and grade level may be released to a school photographer for professional purposes
- Yes, my child's name, photo and video may be published or broadcast by media organizations for academic recognition or school extra-curricular activities.
- Yes, my child may participate in news conferences or public events that may be published or broadcast by media organizations.
- Yes, my child's name and photograph may be published in the school yearbook.
- Yes, if relevant for the safety of my child, my child's name, grade level, photograph, medical condition and emergency procedures may be posted in the school for appropriate staff's use during an emergency situation.
- Yes, my child's name, photo and video may be published on school or district website/social media pages (including, but not limited to, Facebook, Twitter, Instagram, You Tube) for academic recognition or school extra-curricular activities.
- Yes, my child's personal accomplishments may be recognized within the school community such as student of the month, athlete of the month or other award/recognition these could be announced over the schools PA system or published in the school newsletter or posted on the school website/social media pages (including, but not limited to Facebook, Twitter, Instagram, You Tube).
- Yes, my child may be photographed and/or audio/video recorded by educators for assessment and instructional purposes.
- Yes, my child's name and/or photo may be listed publicly throughout the school in classroom, administration and recognition boards in the school. Examples: classroom names on cubicles, hooks etc., honor roll recognition boards in hallways, etc.
- Yes, my child may participate in performing arts, scholastic competitions, athletic events, or other school-related events that are videoed or livestreamed.

Grade 12 students please check the following boxes that are applicable:

- Yes, my name and/or photo may be listed in graduation composite.
- Yes, my name and/or photo may be listed on a graduation list/program.
- Yes, my name and/or photo may be listed on a graduation invitation.
- Yes, if requested, my name and address can be released to an elected official for recognition purposes for the graduation from High School.
- Yes, if requested, my name can be released to media organizations.

| | | |
|---|--|-----------------------------------|
|  ASD-W Anglophone School District West | POLICY NO. ASD-W-360-7A | |
| | STUDENT PHOTOGRAPHS AND STUDENT INFORMATION – PARENT/GUARDIAN RTIPPA CONSENT FORM | |
| Category: | Educational Services | Effective: August 30, 2024 |

Right to Revoke Consent

You have the right to revoke consent at any time. Your revocation of consent must be in writing to the Principal of the school. Note that your revocation of consent would not be retroactive and would not affect uses or disclosures already made according to your prior consent.

Notes:

1. Students involved in performing arts, scholastic competitions or athletic activities perform or compete in public venues, including school. It is reasonable to expect that photographs or videos may be taken by spectators and the media. Once parents/ guardians or other members of the public are invited, the event becomes a public event and anyone in attendance is allowed to take photographs or videos without first obtaining consent. Visitors are reminded to be respectful of other individual’s privacy, but the school is not able to control the images captured in these situations and the images may be shared by that person on social media sites.
2. Video surveillance equipment may be used in schools to enhance the safety of students and staff, to protect property and to aid in the identification of intruders or other persons who may pose a risk to school community members.
3. If the form is not returned, the default answer is “no” to all the questions.

| | | |
|--|-------------------------|------|
| Signature Parent/Guardian or Student (over 16) | Relationship to Student | Date |
|--|-------------------------|------|

If you have any questions regarding our privacy practices, or wish to express your concern about how we have handled your personal information, please contact:

Coordinator, *Right to Information and Protection of Privacy Act*
 (506) 453-5454
 Anglophone West School District
 1135 Prospect Street
 Fredericton, NB E3B 3B9

Further information on the *Right to Information and Protection of Privacy Act* can be found online at www.gnb.ca/info or by contacting the Information Access and Privacy Unit of Service New Brunswick at info.priv@snb.ca or by phone at (506) 444-4180.





ASD-W
Anglophone School District West

POLICY NO. ASD-W-311-1B

APPROPRIATE USE OF TECHNOLOGY CONSENT FORM

Category: Educational Services

Effective: August, 2024

Parental Consent and Student Acknowledgement Form

This form is in support of Education and Early Childhood Development [Policy 311 Appendix A – Appropriate Use of Information and Communication Technologies \(ICT\)](#). Please review and sign accordingly.

Student:

I understand that when using school computers, computer-related technology and software, I must follow the rules and responsibilities outlined in **Policy 311 Appendix A**.

I understand that if I do not follow these rules and responsibilities, I may lose my technology-related privileges and face additional discipline and other appropriate action by the school or school district.

Student Name (Print): _____

Student Signature: _____ Date: _____

Parent or Guardian:

As a parent or guardian, I have read and explained the rules and responsibilities outlined in **Policy 311 Appendix A** to my child and understand that they are required to comply. I authorize them to use technology-related resources at school and at home. I understand that a failure to respect the rules may result in a loss of access privileges as well as disciplinary sanctions.

Parent/Guardian Signature: _____ Date: _____

Further Reference

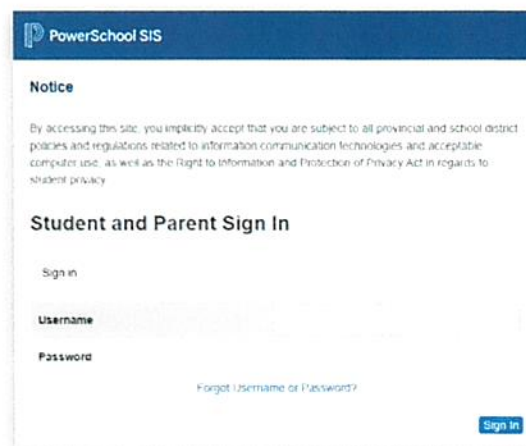
- Department of Education and Early Childhood Development [Policy 311 - Information and Communication Technologies \(ICT\) Use](#)



PowerSchool Public Portal

Introduction & Purpose

The PowerSchool Public Portal is an online tool that enables parents and students to become informed and involved partners in Education. The Public Portal can keep you informed about what's happening at school, track your children's progress, and provide you with online access to your children's teachers and classes.

The screenshot shows the PowerSchool SIS login interface. At the top, there is a blue header with the PowerSchool SIS logo. Below the header, there is a 'Notice' section with a small paragraph of text. Underneath the notice is the 'Student and Parent Sign In' section, which contains three input fields: 'Sign in', 'Username', and 'Password'. A 'Forgot Username or Password?' link is located below the password field. A blue 'Sign In' button is positioned at the bottom right of the form.

Single Sign-on Setup:

Please scan the following QR codes to gain access to a video tutorial and a support document, that outlines a step-by-step process on how to setup your online parent account.

Support Document



<https://bit.ly/3gyMRw2>

Support Video



<https://youtu.be/LCcGs37Jurw>

Policy 311

To gain access to your child's information online you will need to sign and return the sheet on the back of this document. Please have it returned to the school as soon as possible. Once returned, the school will provide your child with the Student Access ID and Password letter. When you have this letter in hand, please consult the support document and video tutorial links above to help you setup and finalize your account.

POSTING AND RELEASE OF STUDENT INFORMATION – Grades K to 12

To enhance communication with parents, guardians and students, the Department of Education and Early Childhood Development (EECD) has initiated the PowerSchool Public Portal. This allows parents, guardians, and students to view current student attendance data, K-12. Further, at the high school level there is the potential for detailed course descriptions, assignment scores and updates from the teacher in a secure online environment.

Additionally, student information that would be accessible by parents or guardians, and students would include student progress at reporting periods. You will only be able to view information for a student or students for whom you have been issued a Student Access ID & Password by the School Administration.

Please note: While stringent security protocols are enforced to mitigate the risk of unintentionally exposing student information to the internet, any information hosted on websites or e-mailed has the potential to be viewed/accessed by other Internet users. Parents & students are advised to consider this possibility and strictly adhere to the *Information and Communication Technologies Use guidelines*.

Please sign and return this form to the School Administration to indicate your wish to access your student’s information in the PowerSchool Public Portal:

- By checking this box, you are agreeing to your child's information be used for the above-described purpose and confirming that you have read and understood the information above regarding the release of information about your child.

| | | |
|---------------------------|--------------------------|-------|
| _____ | _____ | _____ |
| Parent/Guardian signature | Legal name of Student(s) | Date |
| School _____ | | |

If you have questions about this initiative, please feel free to contact the school.

For further information regarding EECD’s policy on internet usage, please refer to *the Information and Communication Technologies (ICT) Use Policy*.

<https://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/policies-politiques/e/311A.pdf>





SCAN QR CODE FOR FULL COURSE SELECTION HANDBOOK AND COURSE DESCRIPTIONS

ALPHABETICAL LIST OF COURSES – GRADE 10- 12 COURSES

| | |
|---|---|
| Adv. Training Principles 120 | Hospitality & tourism 110 |
| Agriculture 110 | Housing & Design 120 |
| Ancient & Medieval History 112 | Human Physiology 110 |
| ASL 1 Foundational | Individual Family Dynamics 120 |
| Automotive Electrical Systems 120 | Indigenous Studies 120 |
| Biology 112 | Internal Combustion Engines 110 |
| Biology 122 | Intermediate Wolastoquey 110 |
| Business Organization & Management 120 | Intro to Electronics 110 |
| Calculus 120 | Intro to Environmental Science 120 |
| Canadian Geography 120 | Intro to Accounting 120 |
| Chemistry 112 | Intro to Skilled Trades 110 |
| Chemistry 122 | Intro Wolastoquey 110 |
| Children's Literature 120 | Journalism 120 |
| Computer Science 110 | Law 120 |
| Computer Science 120 | Media Studies 120 |
| Cooperative Education 120 (4 Credits hours) | Mill & Cabinet Work 120 |
| Cooperative Education 120 (8 credit hours) | Modern History 112 |
| Creative Arts 110 | Modern History 113 |
| Culinary Technology 110 | Music 10 |
| Culinary Technology 120 | Music 112 |
| Cybersecurity & Tech Sup 110 | NBCC Skilled Trades and Work Ready Math 120 |
| Cybersecurity 120 | Number, Relations, and Functions 10 |
| Digital Production 120 | Nutrition for Healthy Living 120 |
| Dramatic Arts 110 | Oceanography 120 |
| Dramatic Arts 120 | Outdoor Education 110 |
| Early Childhood Dev 120 | Personal Interest Course 1 and 2 |
| Economics 120 | Photography 120 (local option) |
| Electrical Wiring 110 | Physical Education 10 |
| English Language Arts Extended 112 | Physics 112 |
| English Language Arts Extnd 10 | Physics 122 |
| English Language Arts Fnd 112 | Political Science 120 |
| English Language Arts Fnd 113 | Popular Music 120 |
| English Language Arts 122 | Post Intensive French 110 |
| English Language Arts 123 | Post Intensive French 120 |
| Entrepreneurship 110 | Pre-Calculus 110 |
| Env. Geo Science 110 | Pre-Calculus A 120 |
| Entrepreneurship 110 | Pre-Calculus B 120 |
| Env. Geo Science 110 | Psychology 110 |
| Fashion Tech/Design 110 | Psychology 120 |
| FI/FSL Biology 112 | Pwr Train & Chas 110 |
| FI/Culinary Tech | Residential Finish and Insulation 120 |
| FI IND Family Dynamics 120 | Robotics and Technology 120 |
| FI Modern History 112 | Science 10/ FI Science 10 |
| FI (E) Language Arts 110 | Social Emotional Learning Strategies 120 (local option) |
| FI Language Arts 120 | Sociology 120 |
| FI/FSL Law 120 | Spanish 110 |
| FI Personal Interest 110 | Sport & Rec Leadership 120 |
| FI Psychology 110 | Tune-up and Emissions 120 |
| FI Tech de Comm 120 | Visual Arts 10 |
| Financial and Workplace Mathematics 110 | Visual Arts 110 |
| Foundations of Mathematics 110 | Visual Arts 120 |
| Foundations of Mathematics 120 | Welding/Metal Fab 110 |
| Framing and Sheathing 110 | Wellness Through Physical Education 110 |
| Graphics Art and Design 110 | World Issues 120 |
| Growth, Goals, and Grit 120 | Writing 110 |



Oromocto High School

25 Mackenzie Avenue, Oromocto, NB, E2V 1K4 Tel. 357-4015 Fax. 357-4018

Important information about Oromocto High School:

No Scents is Good Sense!

Oromocto High School values the health of students and staff and is committed to providing a scent-reduced learning/working environment. Scented products such as perfumes, colognes, deodorants, hairspray, hair gels, and body oils contain chemicals which can cause serious problems for many people, especially those with asthma, allergies, and environmental illness. Please be sensitive to others health problems.

Wear unscented personal products!!

Paying for school items just got easier!
Sign up to get started today.

What is SchoolCash Online?

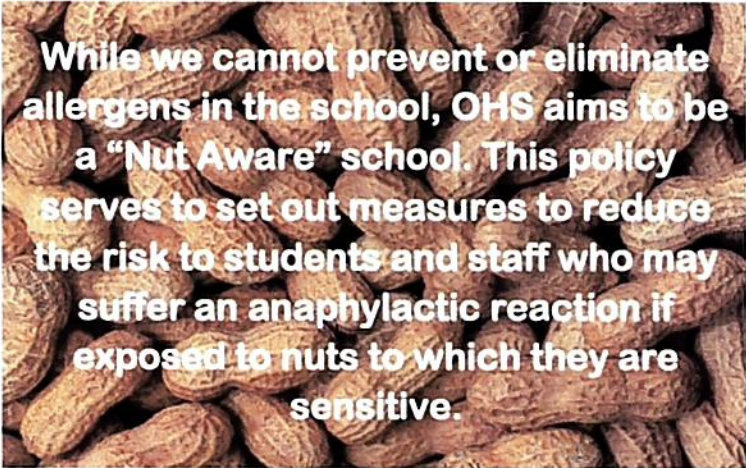
SchoolCash Online is an easy to use and safe way to pay for your children's school fees.
[Learn more](#)



Register

Sign In

SchoolCashOnline.com



While we cannot prevent or eliminate allergens in the school, OHS aims to be a "Nut Aware" school. This policy serves to set out measures to reduce the risk to students and staff who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive.

Behavior Expectations

ALL STUDENTS ARE EXPECTED TO:

1. Consider other's rights to learn at all times.
2. Be Successful.
3. Be on time and prepared to work in all classes.
4. Remain in class for the entire period.
5. Resolve conflicts through non-violent co-operative strategies and seek assistance if needed.
6. Return trays, utensils, etc. to the cafeteria and place all other garbage in the garbage containers.
7. Use polite language.
8. Dress appropriately for school.
9. Respect school property.
10. Follow Oromocto High School rules and routines.
11. Listen to staff and respond to requests.
12. Be on task and complete assignments/homework, prepare for test and not disturb others from learning.
13. Accept responsibility for their actions.
14. Demonstrate self-control.

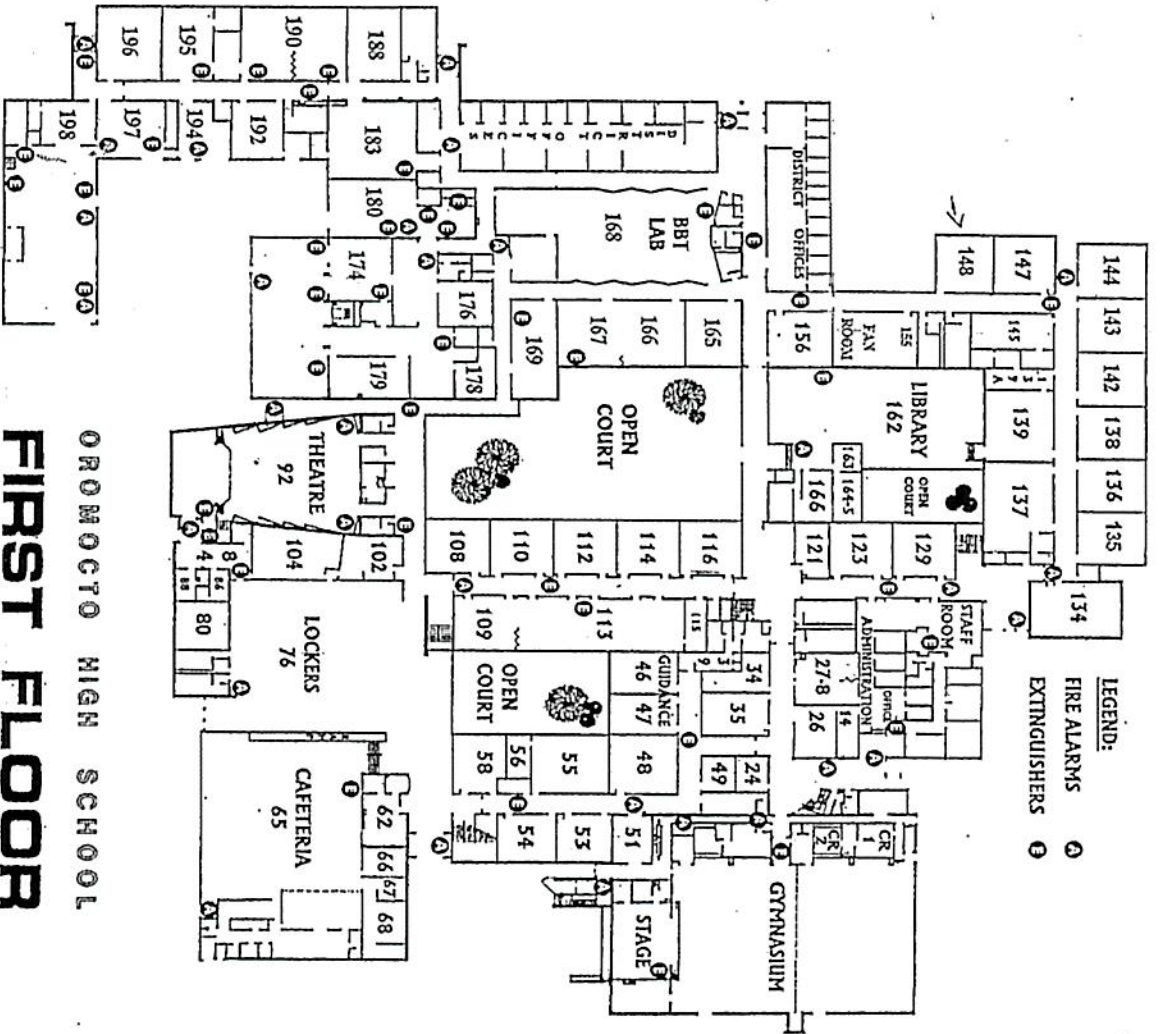
ALL STUDENTS ARE NOT ALLOWED TO:

1. Verbally, physically or sexually assault threaten, harass, abuse or intimidate any other person.
2. Use skateboards, rollerblades or play hacky sack anywhere in the building.
3. Personal electronic devices may be used at the discretion of the teacher during class time.
4. Bring to school any items that could be considered weapons.
5. Bring visitors to the school without permission from an Administrator.
6. Be in the hall without a hall pass.

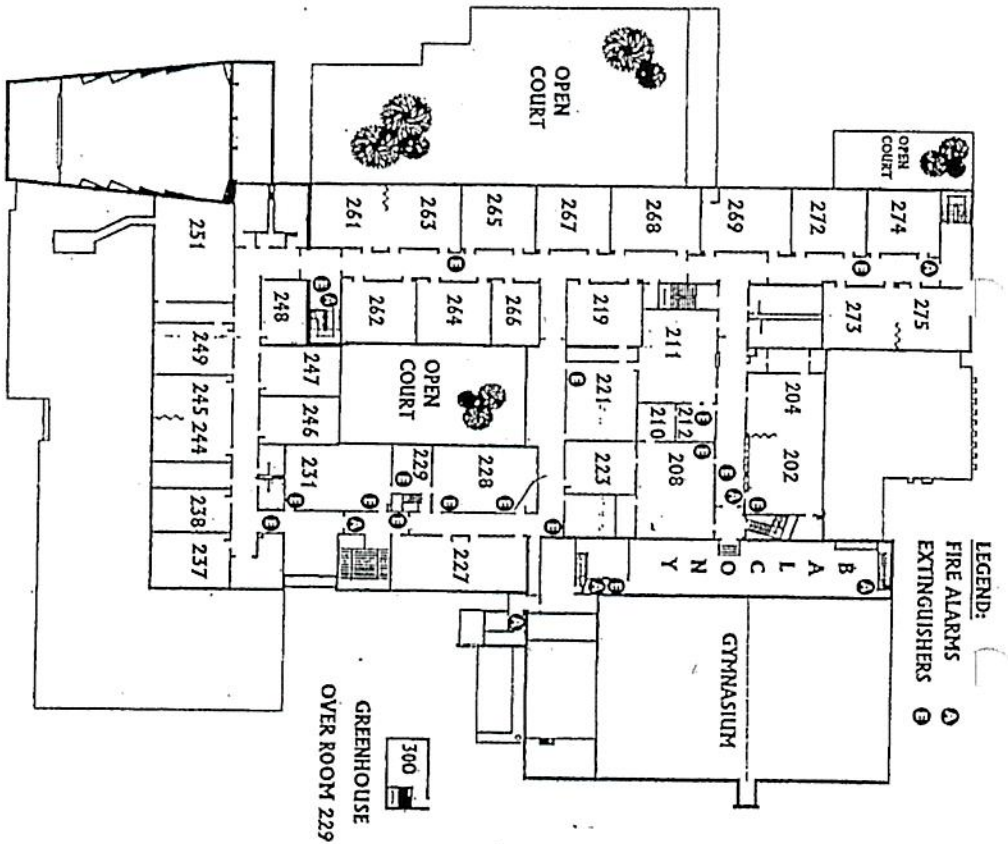
BELL SCHEDULE

| | |
|------------------|--------------------------------|
| 9:05 AM | Warning Bell / Transition Time |
| 9:10 – 10:25 AM | Period 1 |
| 10:20 – 10:25 AM | Homeroom |
| 10:25 – 10:30 AM | Nutrition Break |
| 10:30 – 11:35 AM | Period 2 |
| 11:35 – 11:40 AM | Transition Time |
| 11:40 – 12:45 PM | Period 3 |
| 12:45 – 1:50 PM | Lunch |
| 1:50 – 1:55 PM | Transition Time |
| 1:55 – 3:00 PM | Period 4 |
| 3:00 – 3:05 PM | Transition Time |
| 3:05 – 4:10 PM | Period 5 |

O' Canada and Announcements will play at the beginning of Period 1



OROMCTO HIGH SCHOOL
FIRST FLOOR



OROMCTO HIGH SCHOOL
SECOND FLOOR