

## STUDENT REGISTRATION FORM

Date: \_\_\_\_\_

Applying for School Year: **2019-2020**

### Enrollment Information

School: \_\_\_\_\_ Registering for Grade: \_\_\_\_\_

For Kindergarten registration, indicate preference: ☐ AM or ☐ PM (Preference is not guaranteed)

Last School Attended: \_\_\_\_\_  
Grade School Name School Division City

\*\* The following is applicable only if this student qualifies for transportation, based on their home address:

Bussing is not required ☐ Bussing is Required: To & From School ☐ To School Only ☐ From School Only ☐

### Demographic Information

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

Student's Former Surname (if applicable): \_\_\_\_\_

Gender (as it appears on birth certificate): Male ☐ Female ☐ Date of Birth: \_\_\_\_\_  
Month / Day / Year

Preferred Gender: Male ☐ Female ☐ Neutral ☐

Resident of Louis Riel School Division? ☐ Yes ☐ No If no, name of resident division: \_\_\_\_\_

### Registration Information

Name Student Goes by - if Different from Legal Name:

\_\_\_\_\_  
Last Name - if Different from Legal Name First Name - if Different from Legal Name

Which name should display on student's report card? ☐ Legal Name ☐ 'Goes by' Name

Manitoba Medical Numbers: \_\_\_\_\_  
Student Personal Health Insurance Number (9-digit) Family Health Insurance Number (6-digit)

Has High School Diploma: ☐ Yes ☐ No

Student Cell Phone (high school only): \_\_\_\_\_

## Ancestral / Cultural Information

### Providing this personal information is voluntary and optional.

The purpose of this information is to better meet students' needs and to help with Division program planning. (It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.) If you have any questions regarding the collection of this personal information, please contact the school principal.

### Aboriginal/Indigenous Identity Declaration - Authorization and Statement of Understanding

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way this is responsive to Aboriginal learners.

#### 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", mark the square(s) that best describe your child now:

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

#### Linguistic and cultural groups – there are seven cultural/linguistic groups to choose from. Respondents may indicate up to two choices.

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

☐ Anishinaabe (Ojibway/Saulteaux) ☐ Ininiw (Cree)  
☐ Dene (Sayisi) ☐ Dakota  
☐ Oji-Cree ☐ Michif  
☐ Inuktitut ☐ Other \_\_\_\_\_  
(Please name the identity)

### Non-Aboriginal/Indigenous Ancestral / Cultural Identification Declaration

This information is being collected under the authority of the Education Administration Act and applicable regulations will be used to determine ancestral/cultural identities for statistical analysis and program planning in the Louis Riel School Division.

Ancestral or Cultural Identity (ex: Chinese, Iranian): \_\_\_\_\_

### Languages Spoken and Citizenship

Student's First Language: ☐ English ☐ French ☐ Other: \_\_\_\_\_

Language(s) spoken at home: ☐ English ☐ French ☐ Other, please specify (example: Arabic, Hindi, Tagalog):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Country of Birth: ☐ Canada ☐ Other, please specify: \_\_\_\_\_

Country of Citizenship: ☐ Canada ☐ \*\*Other, please specify: \_\_\_\_\_ Entry Year in Canada: \_\_\_\_\_

\*\* If other citizenship, please indicate status in Canada: Permanent Resident ☐ Study Permit ☐ Work Permit ☐

Visiting Forces Act ☐ Refugee Status ☐ International ☐ Permit Expiry Date: \_\_\_\_\_

MM/DD/YYYY

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

## Custody Information

Custody Status: ☐ Both Parents ☐ Joint ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent(s) ☐ CFS  
☐ Other, please specify: \_\_\_\_\_  
Custody Arrangement: \_\_\_\_\_

\*Please note: copy of legal documents **must** be provided to the school.

## Confidentiality of Class Lists

The School Principal is responsible for maintaining the confidentiality of Class Lists containing parental names, addresses, phone numbers and email addresses.

The Division expressly prohibits release of these lists to any group or individual other than the Department of Education and Health authorities; however, per Freedom of Information & Protection of Privacy Act (FIPPA) standards, individual parents/guardians may authorize the Principal to provide their contact information to the President or Chairperson of the school's Parent Organization, as well as to other parents/guardians in your child's classes.

Please indicate if you wish to provide the President or Chairperson of the school's Parent Committee with your name, address, telephone number and email address.

☐ Yes ☐ No

Please indicate if you wish to provide other parents/guardians in your child's classes with your name, address, telephone number and email address.

☐ Yes ☐ No

## Public Relations Release

The Louis Riel School Division (LRSD) wants to respect your wishes regarding different types of public relations initiatives that include students:

1. Internal

- Divisional updates of print and digital material that is circulated within the division

2. External

- Divisional updates of print material to inform our community
- Requests by media for interviews, photographs and/or video footage of school and/or divisional events
- Divisional and school updates on our website and Divisional/school based social media

### Conditions

- All signed releases are valid until otherwise specified in writing
- Parental cancellation of permission applies only to materials/media produced after the cancellation date, upon the written request of the parent for such cancellation

As the parent/legal guardian of this student, I grant the Louis Riel School Division my permission to reproduce, exhibit, broadcast and distribute through printed, audio, visual or electronic means, my child's photograph, video image, work samples or quotations for the following purposes:

☐ Yes ☐ No Divisional updates of print and/or digital material

☐ Yes ☐ No Requests by media for interviews, photographs and/or video footage of school and/or divisional events

☐ Yes ☐ No Divisional and school updates via websites (Division and school sites)

☐ Yes ☐ No Divisional and school updates via social media

### Student Address Information

Student resides with: ☐ Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Home

☐ Other, please specify: \_\_\_\_\_

Student Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

Mailing Address (if different from street address): \_\_\_\_\_

Student Home Phone Number: \_\_\_\_\_

\*Only the following documents will be accepted as proof of address. One of these documents **must** be provided when registering your child:

- Copy of a bank statement
- Telephone or Hydro bill
- Apartment lease with name and address
- Offer to Purchase with name and address

### Joint Custody - Additional Student Address

☐ Mother ☐ Father ☐ Legal Guardian

Additional Student Address: \_\_\_\_\_  
House # Street Apt Postal Code City

Mailing Address (if different from street address): \_\_\_\_\_

Additional Student Home Phone: \_\_\_\_\_

### Siblings Attending or Registering for School(s) in the Louis Riel School Division

_____ Name	_____ Birthdate	_____ School
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_____ Name	_____ Birthdate	_____ School
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_____ Name	_____ Birthdate	_____ School
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_____ Name	_____ Birthdate	_____ School
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**PRIMARY Parent/Guardian with whom the Student Resides (Other parent/guardian – next 3 pages)**

Parent/Guardian's relationship to student: ☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ CFS

☐ Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

Country of Birth: ☐ Canada ☐ Other, please specify: \_\_\_\_\_

Country of Citizenship: ☐ Canada ☐ \*\*Other, please specify: \_\_\_\_\_ Entry Year in Canada: \_\_\_\_\_

\*\* If other citizenship, please indicate status in Canada: Permanent Resident ☐ Study Permit ☐ Work Permit ☐

Visiting Forces Act ☐ Refugee Status ☐ International ☐ Permit Expiry Date: \_\_\_\_\_

MM/DD/YYYY

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

\* **E-mail notifications from the school** may include correspondence regarding your child's education, newsletters, and information about school-related activities and events such as hot dog days, yearbooks, field trip opportunities, student photos, and graduation

\***Do you give the school permission to contact you by e-mail?** ☐ Yes ☐ No

\* I understand that I have the option to unsubscribe from e-mail notifications at any time by contacting the school.

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Send automated school messages to **HOME** phone? ☐ Yes ☐ No If no, alternate phone #: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work Cell Phone: \_\_\_\_\_

Are you a Louis Riel School Division employee? ☐ No ☐ Yes If yes, LRSD E-mail: \_\_\_\_\_

As parent/guardian, do you wish to have online access to school and student information (parent portal)? ☐ Yes ☐ No  
(An email address is required to access the Parent Portal.)

Are you allowed to pick up this student? ☐ Yes ☐ No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

## 2. Parent/Guardian that Resides WITH the PRIMARY Parent/Guardian (if applicable)

Parent/Guardian's relationship to student:

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Foster Mother ☐ Foster Father ☐ CFS

☐ Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

**\* E-mail notifications from the school** may include correspondence regarding your child's education, newsletters, and information about school-related activities and events such as hot dog days, yearbooks, field trip opportunities, student photos, and graduation.

**\*Does this parent/guardian give the school permission to contact them by e-mail?** ☐ Yes ☐ No

\* I understand that I/we will have the option to unsubscribe from e-mail notifications at any time by contacting the school.

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work Cell Phone: \_\_\_\_\_

Is this person a Louis Riel School Division employee? ☐ Yes If yes, LRSD E-mail: \_\_\_\_\_

Does this parent/guardian wish to have online access to school and student information (parent portal)? ☐ Yes ☐ No  
**(An email address is required to access the parent portal.)**

Is this person allowed to pick up this student? ☐ Yes ☐ No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

### 3. Parent/Guardian that DOES NOT reside with the PRIMARY Parent/Guardian (if applicable)

Are there any legal restrictions for this parent/guardian to access the student? ☐ No ☐ Yes

If Yes, a copy of legal documents **must** be provided to the school.

Please specify: \_\_\_\_\_

Parent/Guardian's relationship to student:

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ CFS

☐ Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

**\* E-mail notifications from the school** may include correspondence regarding your child's education, newsletters, and information about school-related activities and events such as hot dog days, yearbooks, field trip opportunities, student photos, and graduation.

**\*Does this parent/guardian give the school permission to contact them by e-mail?** ☐ Yes ☐ No

\* I understand that I/we will have the option to unsubscribe from e-mail notifications at any time by contacting the school.

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work Cell Phone: \_\_\_\_\_

Is this person a Louis Riel School Division employee? ☐ Yes If yes, LRSD E-mail: \_\_\_\_\_

Does this parent/guardian wish to have online access to school and student information (parent portal)? ☐ Yes ☐ No  
**(An email address is required to access the parent portal.)**

Is this person allowed to pick up this student? ☐ Yes ☐ No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

#### 4. Parent/Guardian that DOES NOT reside with the PRIMARY Parent/Guardian (if applicable)

Are there any legal restrictions for this parent/guardian to access the student? ☐ No ☐ Yes

If Yes, a copy of legal documents **must** be provided to the school.

Please specify: \_\_\_\_\_

Parent/Guardian's relationship to student:

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ CFS

☐ Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

**\* E-mail notifications from the school** may include correspondence regarding your child's education, newsletters, and information about school-related activities and events such as hot dog days, yearbooks, field trip opportunities, student photos, and graduation.

**\*Does this parent/guardian give the school permission to contact them by e-mail?** ☐ Yes ☐ No

\* I understand that I/we will have the option to unsubscribe from e-mail notifications at any time by contacting the school.

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work Cell Phone: \_\_\_\_\_

Is this person a Louis Riel School Division employee? ☐ Yes If yes, LRSD E-mail: \_\_\_\_\_

Does this parent/guardian wish to have online access to school and student information (parent portal)? ☐ Yes ☐ No  
**(An email address is required to access the parent portal.)**

Is this person allowed to pick up this student? ☐ Yes ☐ No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City



## Emergency Contacts

If the listed Parent(s)/Guardian(s) are unavailable during an emergency, the school should call:

**Emergency Contact 1** Contact's relationship to student:

☐ Grandmother ☐ Grandfather ☐ Aunt ☐ Uncle ☐ Friend ☐ Neighbour ☐ Brother ☐ Sister

☐ Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Is this person allowed to pick up this student? ☐ Yes ☐ No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

**Emergency Contact 2** Contact's relationship to student:

☐ Grandmother ☐ Grandfather ☐ Aunt ☐ Uncle ☐ Friend ☐ Neighbour ☐ Brother ☐ Sister

☐ Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Is this person allowed to pick up this student? ☐ Yes ☐ No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

## Childcare

Name of Daycare/Sitter: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Can pick up student? ☐ No ☐ Yes Is Emergency Contact? ☐ No ☐ Yes If yes, emergency call sequence: \_\_\_\_\_

If eligible, does this student require bussing from or to their daycare/sitter location by LRSD transportation?

**AM:** ☐ No ☐ Yes **PM:** ☐ No ☐ Yes Details: \_\_\_\_\_

## Student Health Details

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Your child's school must be aware of any health condition and ongoing prescribed medications.**

Does the student have a diagnosed health condition?

☐ Asthma     Inhaler ☐ Yes ☐ No     Does this student carry inhaler to school/program? ☐ Yes ☐ No

☐ Allergy: \_\_\_\_\_ Epipen? ☐ Yes ☐ No

☐ Diabetes     ☐ Hard of Hearing     ☐ Seizures     ☐ Vision

☐ Other, please specify: \_\_\_\_\_

Medic Alert membership? ☐ Yes ☐ No     If yes, membership number: \_\_\_\_\_

Comments regarding health condition: \_\_\_\_\_

Dietary Restriction (vegan, halal, etc.): \_\_\_\_\_

Does the student use any ongoing prescribed medication? ☐ Yes ☐ No

If yes, medication name(s): \_\_\_\_\_

Who administers the medication during school hours? ☐ Home     ☐ School     ☐ Self-administered

If "school" or "self", location of medication(s): \_\_\_\_\_

Does the student require any special medical procedures to be monitored or implemented by the school?

☐ No     ☐ Yes     **If yes, please contact the school Principal to arrange a Health Care Plan.**

## Emergency Medical Procedure (Please read this carefully)

If your son/daughter/custodial child becomes seriously ill or injured at school or while on a school-related activity, school personnel will make every effort to notify you to request your instructions.

If school personnel are unable to contact you, or the nature of the illness or injury does not permit delay, we will transfer your son/daughter/custodial child (by car or ambulance, as appropriate) to the nearest medical facility. Emergency treatment will occur as deemed necessary by the medical facility.

## Parent / Guardian Signature

I have read the Student Registration Form and certify all information completed to be true. I will provide the school with updated information as circumstances change (ie: address information, contact information, health care needs, etc.).

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_