



Office Use only - Start Date: _____
Home room: _____
Birth Certificate <input type="checkbox"/> Permit <input type="checkbox"/>
Proof of Address <input type="checkbox"/> URIS <input type="checkbox"/>

STUDENT REGISTRATION FORM

Date: _____ Applying for School Year: **2026-2027**

Enrolment Information

School: _____ Registering for Grade: _____

Last School Attended: _____	_____	_____	_____	_____
(If not Kindergarten)	Grade	School Name	School Division	City

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 Preferred Name - 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 Preferred Name

Student's Former Last Name (if applicable): _____

Sex (as it appears on birth certificate): Male Female X Date of Birth: _____
Month / Day / Year

Preferred Gender: Male Female Or, please define: _____

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

Has High School Diploma: Yes No Student Cell Phone (high school only): _____

Aboriginal/Indigenous Identity Declaration - Authorization and Statement of Understanding

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education 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 Ininiw (Cree) Dene (Sayisi)
 Dakota Anishinin (Ojibwe-Cree) Métis (Michif)
 Inuk (Inuit) Other _____
(Please name the identity)

Non-Aboriginal/Indigenous Ancestral / Cultural Identification Declaration

Ancestral or Cultural Identity (select up to 4)

- Indigenous (e.g., First Nations, Métis, Inuit, Anishinaabek, Ininewak, and Dakota, Cree, Oji-Cree, Dene, etc.)
 Black, African, Caribbean, or Afro-Caribbean (e.g., Jamaican, Nigerian, Ethiopian, Somalian, etc.)
 East Asian (e.g., Chinese, Korean, Japanese, Mongolian, Taiwanese, etc.)
 Latin American (e.g., Hispanic, Latino, Mexican, Haitian, Dominican, etc.)
 Middle Eastern or North African (e.g., Arab, Iranian, Syrian, Lebanese, Egyptian, Turkish, etc.)
 South Asian (e.g., Indian, Bangladeshi, Pakistani, etc.)
 South East Asian (e.g., Filipino, Thai, Vietnamese, Indonesian, etc.)
 Oceanian or Pacific Islander (e.g., Hawaiian, Samoan, Tongan, Fijian, New Guinean, Polynesian, etc.)
 Central Asian (e.g., Afghan, Kazakh, Kyrgyz, Tajiks, Uzbeks, etc.)
 European (e.g., Eastern/Western European, Irish, Polish, Greek, French, Italian, Icelandic, Norwegian, etc.)

Languages Spoken and Citizenship

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

1. _____ 2. _____ 3. _____

Student's First Language: English French Other: _____

Country of Birth: Canada Other, please specify: _____

Country of Citizenship: Canada **Other, please specify: _____

Entry Date in Canada (Month and Year): _____ Entry Date in Manitoba (if different): _____

** If other citizenship, please indicate status in Canada:

Permanent Resident Refugee Claimant Temporary Resident

If Temporary Resident, please indicate **primary parent's** permit type and expiry date:

Study Permit Work Permit Visiting Forces Act Permit Expiry Date: _____

** Copies of Status in Canada documents MUST BE PROVIDED at time of registration and updated ^{MM/DD/YYYY} as status changes.

Student Address Information

Student resides with: Parents Mother Father Foster Home Self

Other, please specify: _____

Student Home Address: _____
House # Street Apt Postal Code City

Mailing Address (if different from street address): _____

*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
- Hydro or water utility bill
- Rental agreement with name and address
- Accepted Offer to Purchase with name and address

Custody Information

Custody Status: Both Parents Joint/Shared Mother Father Legal Guardian CFS Self – Adult Learner

Other, please specify: _____

Custody Arrangement: _____

***Please note: copy of legal documents related to custody and guardianship must be provided to the school. Where custody is Joint/Shared, the signature of both custodial parents is required for student registration.**

Joint / Shared Custody: Additional Student Address

Mother Father Legal Guardian Other, please specify: _____

Additional Student Address: _____
House # Street Apt Postal Code City

Parent / Adult Caregiver / Legal Guardian Information	
Name:	Name:
Relationship to Student:	Relationship to Student:
Address if different from Student:	Address if different from Student:
Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are there legal restrictions regarding this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No Note that copies of legal documentation must be provided to the school.	Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are there legal restrictions regarding this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No Note that copies of legal documentation must be provided to the school.
#1 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other	#1 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other
#2 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other	#2 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other
#3 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other	#3 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other
Email Address	Email Address
(This email address will be the login to access the Parent Portal.) * Email notifications from the school may include correspondence regarding your child's education, newsletters, and information about school-related activities and events, such as hot lunch days, yearbooks, field trip opportunities, student photos, and graduation *Does this parent/guardian give the school permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No * I understand that I/we have the option to unsubscribe from email notifications at any time by contacting the school.	(This email address will be the login to access the Parent Portal.) * Email notifications from the school may include correspondence regarding your child's education, newsletters, and information about school-related activities and events, such as hot lunch days, yearbooks, field trip opportunities, student photos, and graduation *Does this parent/guardian give the school permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No * I understand that I/we have the option to unsubscribe from email notifications at any time by contacting the school.

Emergency Contacts

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

#1 Name:	#2 Name:
Relationship to Student:	Relationship to Student:
Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No
#1 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other	#1 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other
#2 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other	#2 Phone <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other

Before and After School Arrangements

Name of Childcare/Sitter: _____

Address: _____ Phone Number: _____

Can pick up student? Yes No

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

AM: Yes No PM: Yes No Details: _____

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

Sibling Name	LRSD School Name
1	
2	
3	
4	

Student Health Details

Child's Doctor: _____ Phone Number: _____

Manitoba Medical Number (PHIN): _____ Student Personal Health Insurance Number (9-digit)

If no MB Health: Private Health Insurance: _____ or Signed Medical Cost Indemnity Form

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

The Unified Referral and Intake System (URIS) is a joint initiative of the provincial Departments of Health, Families, and Education. The service provided through the URIS program includes development of health care plans and training of staff by a registered nurse for the health care needs listed below. If your child is diagnosed with any of the health care needs below, the school will provide you with a URIS Group B Application to complete and return.

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Endocrine condition | <input type="checkbox"/> Osteogenesis imperfecta |
| <input type="checkbox"/> Anaphylaxis/ Life-Threatening Allergy | <input type="checkbox"/> Gastrostomy care and feeding | <input type="checkbox"/> Ostomy care |
| <input type="checkbox"/> Cardiac condition | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Pre-set oxygen |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Clean intermittent catheterization | <input type="checkbox"/> Suctioning (oral or nasal) |
| <input type="checkbox"/> Diabetes | | |

Has your child ever had a special assessment or agency support prior to coming to school, or is currently on a waiting list for a special assessment or support? Please specify details: _____

Does your child have any significant medical health condition or accessibility needs not listed above?

Please specify details: _____

Will the student carry an inhaler to school or school programs?

Will the student carry an Epi-pen to school or school programs?

Medic Alert membership? Membership number: _____

Does the student use any ongoing prescribed medication during school hours?

If yes, medication name(s): _____

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

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

Dietary Restriction (vegan, halal, etc.): _____

Additional comments regarding health condition(s): _____

Emergency Medical Procedure (Please read this carefully)

If your 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 child (by car or ambulance, as appropriate) to the nearest medical facility. Emergency treatment will occur as deemed necessary by the medical facility.

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/Legal Guardian 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

Required Supporting Documentation

Scans/copies of the following documents are required:

1. Proof of residency that includes your name and current address (one of the following):
 - a. Bank statement, Hydro or water utility bill, rental agreement, or accepted home purchase offer.
2. Proof of Student’s Age (one of the following):
 - a. Birth Certificate OR Passport
3. Valid Work/Study Permits, as required
4. Documentation detailing custody arrangements or legal restrictions, where applicable
5. Child in Care Document, as required

Legal Guardian Signature(s)

Where custody is Joint/Shared, the signature of both custodial parents is required for student registration.

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 (i.e.: address information, contact information, health care needs, etc.).

Date: _____ Legal Guardian Signature: _____

Date: _____ Legal Guardian Signature: _____