



Louis Riel School Division
900 St. Mary's Road, Winnipeg, Manitoba R2M 3R3
Phone: (204) 257-7827 Fax: (204) 256-8553 www.lrsd.net

STUDENT REGISTRATION FORM

This personal information is being collected under the authority of The Public Schools Act and the Education Administration Act for school-related purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the superintendent of the Louis Riel School Division, 900 St. Mary's Road, Winnipeg, MB R2M 3R3, Tel: 204-257-7827. Student information is maintained in the pupil file.

Date: _____

Applying for School Year: **2023-2024**

Enrollment Information

School: _____ Registering for Grade: _____

Program Requested: English French Immersion

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

Last School Attended: _____
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 Former Surname (if applicable): _____

Sex (as it appears on birth certificate): Male Female 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: _____

Registration Information

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

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

This personal information is being collected to improve school programming so that it meets the needs of all learners. Providing this personal information is voluntary and optional. 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 Ininiw (Cree) Dene (Sayisi)
 Dakota Anishinin (Ojibwe-Cree) Métis (Michif)
 Inuk (Inuit) Other _____
(Please name the identity)

Non-Aboriginal/Indigenous Ancestral / Cultural Identification Declaration

This personal information is being collected to improve school programming so that it meets the needs of all learners. Providing this personal information is voluntary and optional. 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.

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., white, Eastern/Western European, Irish, Polish, Greek, French, Italian, Icelandic, Norwegian, etc.)

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

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

Visiting Forces Act Refugee Claimant 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/Shared Mother Father Legal Guardian CFS Self – Adult Learner

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/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

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): _____

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
- Hydro or water utility bill
- Apartment lease with name and address
- Offer to Purchase with name and address

** 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

Joint, Shared, Split Custody - Additional Student Address

Mother Father Legal Guardian Other, please specify: _____

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

Name Birthdate School

Name Birthdate School

Name Birthdate School

PRIMARY Parent/Adult Caregiver with whom the Student Resides
(Other parent/guardian – next 3 pages)

Parent/Caregiver's relationship to student: Mother Father Foster Mother Foster Father

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: _____

Profession: _____ Work Hours: eg: 7am-3pm _____

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 1st, 2nd, 3rd): _____ Emergency Phone Number: _____

Home Address: _____
House # Street Apt Postal Code City

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

Parent/Caregiver's relationship to student:

Mother Father Stepmother Stepfather Foster Mother Foster Father

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: eg: 7am-3pm _____

Company Name: _____

Work Phone: _____ Ext. _____ Work Cell Phone: _____

Is this person a Louis Riel School Division employee? No 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 1st, 2nd, 3rd): _____ 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: eg: 7am-3pm _____

Company Name: _____

Work Phone: _____ Ext. _____ Work Cell Phone: _____

Is this person a Louis Riel School Division employee? No 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 for this contact (i.e. call 1st, 2nd, 3rd): _____ Emergency Phone Number for this contact: _____

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: eg: 7am-3pm _____

Company Name: _____

Work Phone: _____ Ext. _____ Work Cell Phone: _____

Is this person a Louis Riel School Division employee? No 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 for this contact (i.e. call 1st, 2nd, 3rd): _____ Emergency Phone Number for this contact: _____

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 1st, 2nd, 3rd): _____ 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 1st, 2nd, _____ Emergency Phone Number: _____

3rd): 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

This medical information is being collected so that appropriate health care plans and programming may be developed. This information is protected by The Personal Health Information Act and will only be shared with appropriate individuals. Questions should be directed to the school principal.

Child's Doctor: _____ Phone Number: _____

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

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

Does the student have a diagnosed health condition not listed above?

- Hard of Hearing Vision Allergy Other Health Condition(s)

Please specify details: _____

- Does the student carry an inhaler to school or school programs?
- Does the student carry an Epi-pen to school or school programs?
- Medic Alert membership? Membership number: _____

Student Health Details - continued

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 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.

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, apartment lease, or home purchase offer.
2. Proof of Student's Age (one of the following):
 - a. Birth Certificate OR Passport OR Baptismal Certificate
3. Manitoba Health Card
4. For Custody Issues, a court order document is required

Legal 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: _____ Legal Guardian Signature: _____

Date: _____ Legal Guardian Signature: _____