



Louis Riel School Division  
900 St. Mary's Road, Winnipeg, Manitoba R2M 3R3  
Phone: (204) 257-7827 Fax: (204) 256-8553 [www.lrsd.net](http://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: **2025-2026**

### Enrollment Information

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

Program Requested:  English  French Immersion

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)

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 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., 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: \_\_\_\_\_

As parent/guardian, do you wish to have online access to school and student information (parent portal)?  Yes  No  
**(Your email address will be your login to access the Parent Portal.)**

\* **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 lunch 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.

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

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

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

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

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>): \_\_\_\_\_

Preferred Emergency Phone Number:  Cell  Home  Work  Work Cell Other: \_\_\_\_\_

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

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.

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

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

Step Mother  Step Father  Other, please specify: \_\_\_\_\_

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

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

Does this parent/guardian wish to have online access to school and student information (parent portal)?  Yes  No  
**(This email address will be the login to access the Parent Portal.)**

**\* 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 lunch days, yearbooks, field trip opportunities, student photos, and graduation

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

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

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.

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

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

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

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work 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>): \_\_\_\_\_

Preferred Emergency Phone Number:  Cell  Home  Work  Work Cell Other: \_\_\_\_\_

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: \_\_\_\_\_

Does this parent/guardian wish to have online access to school and student information (parent portal)?  Yes  No  
**(This email address will be the login to access the Parent Portal.)**

\* **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 lunch 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.

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

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

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

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work 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>): \_\_\_\_\_

Preferred Emergency Phone Number:  Cell  Home  Work  Work Cell Other: \_\_\_\_\_

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: \_\_\_\_\_

Does this parent/guardian wish to have online access to school and student information (parent portal)?  Yes  No  
**(This email address will be the login to access the Parent Portal.)**

**\* 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 lunch 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.

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

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

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

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work 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>): \_\_\_\_\_

Preferred Emergency Phone Number:  Cell  Home  Work  Work Cell Other: \_\_\_\_\_

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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home 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>): \_\_\_\_\_

Preferred Emergency Phone Number:  Cell  Home Other: \_\_\_\_\_

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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home 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>): \_\_\_\_\_

Preferred Emergency Phone Number:  Cell  Home Other: \_\_\_\_\_

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

## Childcare

Name of Childcare/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 childcare/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"/> Seizure disorder                   |
| <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"/> Gastrostomy care and feeding |   |

- 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: \_\_\_\_\_