



# STUDENT REGISTRATION FORM

## Office Use Only

School to attend: <input style="width:90%;" type="text"/>	Program: <input style="width:90%;" type="text"/>						
Grade: <input style="width:30px;" type="text"/> Copy of Birth Cert. rec'd: <input type="checkbox"/> YES <input type="checkbox"/> NO	MET Number: <input style="width:30px;" type="text"/> - <input style="width:30px;" type="text"/> - <input style="width:30px;" type="text"/>						
Teacher: <input style="width:90%;" type="text"/>	First Day of School: <table style="width:100%; border: none;"><tr><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Month</td><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Day</td><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Year</td></tr></table>	<input style="width:95%;" type="text"/>	Month	<input style="width:95%;" type="text"/>	Day	<input style="width:95%;" type="text"/>	Year
<input style="width:95%;" type="text"/>	Month	<input style="width:95%;" type="text"/>	Day	<input style="width:95%;" type="text"/>	Year		
Resident of Western School Division: <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, School of Choice Form Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO						
If NO, Name of Home School Division: <input style="width:90%;" type="text"/>							

## STUDENT INFORMATION

Student's Legal Last Name									
Student's Legal First Name		Date of Birth: <table style="width:100%; border: none;"><tr><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Month</td><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Day</td><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Year</td></tr></table>		<input style="width:95%;" type="text"/>	Month	<input style="width:95%;" type="text"/>	Day	<input style="width:95%;" type="text"/>	Year
<input style="width:95%;" type="text"/>	Month	<input style="width:95%;" type="text"/>	Day	<input style="width:95%;" type="text"/>	Year				
Student's Legal Middle Name(s)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/prefer not to disclose							
Usual Name (if different from legal first name)		Current or Expected Grade Level:							
Primary Home Address									
Street / Mailing Address		City	Province						
Postal Code									
Alternate Home Address (if shared custody)									
Street / Mailing Address		City	Province						
Postal Code									
Quarter	Section	Township	Range						
Civic Address		Road Number							
Previous School & Address									
School Name		Address	City						
Province		Postal Code							
Primary Phone Number (with area code)		Student's Cellular Phone Number - Optional (with area code)							

## CITIZENSHIP

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Other Visa	Language(s) Spoken at Home:						
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Landed Immigrant							
<input type="checkbox"/> Student Visa	<input type="checkbox"/> Refugee Status							
If not a Canadian Citizen, Date of Entry into Canada: <table style="width:100%; border: none;"><tr><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Month</td><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Day</td><td style="width:33%; border: none;"><input style="width:95%;" type="text"/></td><td style="width:33%; border: none; text-align: center;">Year</td></tr></table>		<input style="width:95%;" type="text"/>	Month	<input style="width:95%;" type="text"/>	Day	<input style="width:95%;" type="text"/>	Year	Country of Origin:
<input style="width:95%;" type="text"/>	Month	<input style="width:95%;" type="text"/>	Day	<input style="width:95%;" type="text"/>	Year			

## PARENT / LEGALGUARDIAN INFORMATION

PARENT/GUARDIAN 1	
Last Name	
First Name	
Relationship to Student	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____
Address, if different from student	
Home Phone (if different from student)	Business Phone
Cell Phone	e-mail address
Employer	

PARENT/GUARDIAN 2	
Last Name	
First Name	
Relationship to Student	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____
Address, if different from student	
Home Phone (if different from student)	Business Phone
Cell Phone	e-mail address
Employer	

<b>Custody:</b> (check one) <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
<b>Lives with:</b> (check one) <input type="checkbox"/> Mother/Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
<b>Please indicate if the school should be aware of any court order for the protection of the student.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note: If YES, please make an appointment to discuss the situation with school administration. You will need to supply documentation</b>

<b>CFS Involvement</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do not complete the remainder of this section	<b>Name of Agency</b>
<b>Name of Worker</b>	<b>Phone Number of Worker</b>
<b>Foster Parent's Name(s)</b>	<b>Foster Parent's Phone Number(s)</b>

### MEDICAL INFORMATION

<b>Family Registration Number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Personal Health Identification Number (PHIN)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Doctor's name</b>	<b>Doctors Phone Number</b>
<b>Health Problems</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MedicAlert ID Number (if applicable)</b>
<b>If Yes, please explain:</b>	

### INDIGENOUS IDENTITY DECLARATION

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

1. I, \_\_\_\_\_, (name of parent/guardian, please print clearly):

Am submitting my child's Aboriginal Identity Declaration for the first time.

Am making changes to my child's Aboriginal Identity Declaration.

Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.

2. Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?     Yes     No

Note: First Nations (North American Indian) include Status and Non-Status Indians

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

Yes, First Nation (North American Indian)

Yes, Métis

Yes, Inuk (Inuit)

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

Anishinaabe (Ojibway/Saulteaux)                       Oji-Cree

Ininiw                       Michif

Dene (Sayisi)                       Inuktitut

Dakota                       Other-please specify: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name and phone numbers of a TOWN friend or relative that could be contacted in case of illness or emergency when parents/guardians are not available.

EMERGENCY CONTACT 1	
Last Name	
First Name	
Relationship to Student	Home Phone
Cell Phone	Business Phone
e-mail address	

EMERGENCY CONTACT 2	
Last Name	
First Name	
Relationship to Student	Home Phone
Cell Phone	Business Phone
e-mail address	

**RURAL STUDENTS ONLY**

It is imperative that we have a name & phone number of a friend or relative residing within city limits where your child will stay if the busses do not run.

First Name(s)	Last Name
Address	Home Phone
Cell Phone	Work Phone

e-mail address	
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**SIBLINGS**

Name	Date of Birth			Grade
	Month	Day	Year	

Name	Date of Birth			Grade
	Month	Day	Year	

Signature of Parent/Guardian 1
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Signature of Parent/Guardian 2
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Date
Month   Day   Year

This personal information, or personal health information, is being collected under the authority of Western School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Western School Division Access and Privacy Coordinator at 204-822-4448.