



# STUDENT REGISTRATION FORM

## Office Use Only

School to attend:	<input type="text"/>	Program:	<input type="text"/>
Grade:	<input type="text"/>	Copy of Birth Cert. rec'd:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Teacher:	<input type="text"/>	MET Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Resident of Western School Division:	<input type="checkbox"/> YES <input type="checkbox"/> NO	First Day of School:	<input type="text"/> Month   <input type="text"/> Day   <input type="text"/> Year
If NO, Name of Home School Division:	<input type="text"/>		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, School of Choice Form Completed:	<input type="checkbox"/> YES <input type="checkbox"/> NO

## STUDENT INFORMATION

Student's Legal Last Name			
Student's Legal First Name		Date of Birth:	
		Month   Day   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
Rural Address (rural students only)			
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:		Country of Origin:
Month   Day   Year		

## PARENT / LEGALGUARDIAN INFORMATION

PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
Last Name		Last Name	
First 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: _____	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		Address, if different from student	
Home Phone (if different from student)	Business Phone	Home Phone (if different from student)	Business Phone
Cell Phone	e-mail address	Cell Phone	e-mail address
Employer		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

<b>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.)</b>	
1. I, _____, (name of parent/guardian, please print clearly):	
<input type="checkbox"/> Am submitting my child's Aboriginal Identity Declaration for the first time. <input type="checkbox"/> Am making changes to my child's Aboriginal Identity Declaration. <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<input type="checkbox"/> Yes, First Nation (North American Indian) <input type="checkbox"/> Yes, Métis <input type="checkbox"/> Yes, Inuk (Inuit)	
3. Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:	
<input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) <input type="checkbox"/> Oji-Cree <input type="checkbox"/> Ininiw (Cree) <input type="checkbox"/> Michif <input type="checkbox"/> Dene (Sayisi) <input type="checkbox"/> Inuktitut <input type="checkbox"/> Dakota <input type="checkbox"/> 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	

**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
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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.