



Registration

School Name: _____
For Grade: _____ Kindergarten: AM PM
Program: English French Immersion

FOR OFFICE USE ONLY
Homeroom: _____
MET#: _____
Birth Cert. Copied
School of Choice
Funding Level 1, 2 or 3: _____
EAL IEP Mature Student

Student Information

Student Legal Name: _____
(Last) (First) (Middle)
Name Known By: _____ *Birth Date: ____ / ____ / ____ (m/d/y)
Gender: Male Female Lives on Own: (where applicable) Yes No
Student Address: _____ City: _____ Province: _____ Postal Code: _____
Phone: _____ Unlisted Student Cell: _____
School Catchment Resident: Language Spoken At Home: _____
Previous School Attended: _____ City: _____ Prov/State: _____ Previous Grade: _____

(*A birth certificate & proof of residency (example: Driver's license, MB Health card, Utility bill) is required for registration)

Parent/Legal Guardian

Relationship to Student: _____ Student lives with Work Phone: _____ Unlisted
Name: _____ Home Phone: _____ Unlisted
Address: _____ Cell Phone: _____
City/Postal Code: _____ Email Address: _____

A Legal Guardian is one who has been appointed as Guardian and awarded letters of guardianship by the Court of Queen's Bench of the Province of Manitoba

Legal Custody

Joint Mother Father * Appointed Guardian * Agency _____

*Please provide documentation as necessary (Example: CFS Registration from Healthy Child Manitoba).
*Joint Custody pertains to those parents who have a legal agreement in place for child custody.

Emergency Contact #1

Name: _____
Work Phone: _____ Unlisted
Home Phone: _____ Unlisted
Cell Phone: _____

Emergency Contact #2

Name: _____
Work Phone: _____ Unlisted
Home Phone: _____ Unlisted
Cell Phone: _____

Emergency Contact #3

Name: _____
Work Phone: _____ Unlisted
Home Phone: _____ Unlisted
Cell Phone: _____

Emergency Contact #4

Name: _____
Work Phone: _____ Unlisted
Home Phone: _____ Unlisted
Cell Phone: _____

Siblings 18 Years and Under at Frontier School Division

Name: _____ Birthdate: _____ d/m/y Grade: _____ School: _____
Name: _____ Birthdate: _____ d/m/y Grade: _____ School: _____

Residency Status

- Canadian Citizen Country of Birth (if not Canada): _____ Immigration Date: ____ / ____ / ____ (d/m/y)
- Permanent Resident of Division (100) Date Permanent Residency Granted: ____ / ____ / ____ (d/m/y)
- Inbound Foreign Exchange (210) Agency: _____
- Visa Student (190) Visa Expiry Date: ____ / ____ / ____ (d/m/y)
- Temporary Resident (ISP 390) Arrival Date in Canada: ____ / ____ / ____ (d/m/y)
- Band Sponsored - Non-Supportable First Nations Pupil (340)
Name of the Band: _____ Indian Registry Number: _____
- Federally Funded (130) Non-resident of any division (0115)
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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 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.)

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.

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(s) your child now:

- Yes, First Nation (North American Indian) Yes, Métis Yes, Inuk (Inuit)

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

- Anishinaabe (Ojibwe/Saulteaux) (100) Ininiw (Cree) (110) Dene (Sayisi) (120) Dakota (130) Oji-Cree (140)
- Michif (124) Inuktitut (300) Other: (please indicate): _____
-

Medical Information

Manitoba Medical Registration No.: _____ Personal Health ID No.: _____

Emergency Procedures: If your child should become ill or be injured during the school day, the school will attempt to notify you. In an emergency situation, your child will be taken to a hospital or clinic for emergency treatment. In the event that an ambulance is deemed necessary, the parent/guardian will be billed for this service.

Medical Information/Requirements for Regular Medications: The policy of Frontier School Division discourages administering prescribed medications to any students by any member of staff. Parents/guardians are encouraged to make every effort to care for this part of their child's health. Please indicate any health care needs or conditions:

- Insulin Injector Diabetes Anaphylaxis Seizures Epi-pen Bronchial Inhaler Catheterization
- Asthma Allergies: (clarify) _____ Other: (clarify) _____

Elaborate on health care needs if necessary:

If your child has healthcare needs that the school needs to be aware of, you will be required to complete a Unified Referral and Intake System (URIS) Group B application form. These forms are available in the school office.

Photos and Visits by Media

I have reviewed the Frontier School Division Photo Release Form and have signed the **Division Release Form**. We understand and agree to the terms and conditions stated in this policy.

- Yes No

Technology Acceptable Use Policy F.1.1.L: I have reviewed the Frontier School Division Use of Information and Communication Technology (ICT) Policy with my child and have signed the **Student Responsible Use Agreement for Students**. We understand and agree to the terms and conditions stated in this policy.

- Yes No

Off-School Site Trips: I consent to my son/daughter/custodial child's participation in teacher-planned and supervised school-related programs which occur off-school site and begin and end on the same day that do not require transportation. (I understand I will be informed in advance of all such programs.)

- Yes No

Please refer to the divisional policies located at www.frontiersd.mb.ca for more information.

Student Signature (Grade 9-12 Only): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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. Student information is maintained in the pupil file.
