

**PORTAGE LA PRAIRIE SCHOOL DIVISION**  
**Section I: Instructional Program**



**IEB-E**

File IEB-E

**PORTAGE LA PRAIRIE SCHOOL DIVISION**  
**535 THIRD STREET N.W., PORTAGE LA PRAIRIE, MANITOBA R1N 2C4**  
**TELEPHONE: (204) 857-8756 FAX: (204) 239-5998**

**STUDENT REGISTRATION**

This form is to be completed prior to the first day of attendance for students new to the division. A new form is also required in the event of a change in information or attendance at another division school. Eligibility to attend school requires either the parent or legal guardian to be a resident of The Portage la Prairie School Division or a formal written agreement with the division which authorizes eligibility. This personal information is being collected under the authority of the Public Schools Act, and will be used for educational 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 regarding the collection and use of this information, please contact the Assistant Superintendent of Schools at the School Division Office.

**It is the responsibility of the parent(s)/guardian(s) to inform the school of any future changes to this form.**

Student's Legal Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ M F  
last first middle yy mm dd

Name Student goes by \_\_\_\_\_ Previous Last Name \_\_\_\_\_  
last first middle

Last School Attended \_\_\_\_\_ City/Town \_\_\_\_\_

Are the parent(s)/legal guardian(s) a resident of the Portage la Prairie School Division? Yes  No  (If **No**, attach a completed School of Choice Form)

Residence Address \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Rural Land Description \_\_\_\_\_  
Section/Township/Range/Parish/Wood Lot

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ Postal Code \_\_\_\_\_

**Custody:** Are there any legal restrictions to this child?  Yes (a copy of legal documents must be filed in the school)  No

Student lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other \_\_\_\_\_ (specify)

Name(s) of Person(s) \_\_\_\_\_ Workplace \_\_\_\_\_ Work Tel. \_\_\_\_\_  
student resides with (e.g., parent(s)/guardian(s))  
(last, first) \_\_\_\_\_ Workplace \_\_\_\_\_ Work Tel. \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Tel. \_\_\_\_\_

**FOR RURAL OR BUS STUDENTS ONLY:**

Emergency Billet Contact \_\_\_\_\_ Tel. \_\_\_\_\_

**DAY CARE INFORMATION:**

Name of Day Care \_\_\_\_\_ Tel. \_\_\_\_\_

**ATTACH COPY OF STUDENT'S BIRTH CERTIFICATE**  
**PLEASE COMPLETE THE HEALTH INFORMATION ON THE REVERSE SIDE OF THIS FORM**

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This health information is being collected so appropriate health care plans may be developed. The data will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act.

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

MB Medical: Personal # (9 digit) \_\_\_\_\_ Family # (6 digit) \_\_\_\_\_

**Health Information (check "Yes" if condition exists for your child)**

Health/Physical Problems	Current Diagnosis	Current Medication	Type of Medicine/Comments
1. Life Threatening Allergies	Yes	Yes	
2. Prescribed an Epipen	Yes	Yes	
3. Asthma	Yes	Yes	
4. Diabetes	Yes	Yes	
5. Seizures/Convulsions/Epilepsy	Yes	Yes	
6. Heart Condition	Yes	Yes	
7. Bleeding Disorder	Yes	Yes	
8. Check those health/physical problems that are applicable to your child:			
vision	prescribed eyeglasses	hearing	speech muscle/joint
crutches/walker	wheelchair	social/emotional	specify _____
9. Other <b>significant</b> procedures that are physician ordered (please check):			
ventilator care	tracheostomy care	suctioning	nasogastric tube care and/or feeding
complex administration of medication		central or peripheral venous line intervention	
catheterization	gastrostomy care	emptying an ostomy bag and/or changing an established appliance	
10. Other <b>significant</b> conditions that are physician diagnoses (e.g., ulcerative colitis, Crohns, transplants, spina bifida, permanent physical limitations) or medications that are physician prescribed (e.g., medication for hyperactivity):			
_____			
_____			

**PARENT/GUARDIAN CERTIFICATION:** This is to certify that the information on this form is complete and accurate. Incorrect or falsified information could result in the loss of eligibility to attend The Portage la Prairie School Division

Certified Correct \_\_\_\_\_ Date \_\_\_\_\_  
parent/legal guardian



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**For Kindergarten Registration**

**Pre-School History**

The following information is being asked in order to help teachers fill out the Early Development Instrument (EDI). The EDI is a survey instrument used to measure how well communities are preparing Manitoba children for school. Funded in Manitoba by Healthy Child Manitoba, the survey was developed by the Offord Centre of Child Studies. The Kindergarten teachers complete the survey in early February. The following information will assist the teacher in completing the surveys.

1. For parents who work/attend school/etc. outside the home - Who has looked after your child on a regular basis prior to Kindergarten entry?

- a) Centre-based, licensed
- b) Other home-based, licensed
- c) Other home-based, unlicensed, non-relative
- d) Other home-based, unlicensed, relative
- e) Child's home, non-relative
- f) Child's home, relative
- g) Prior to the child's entry to kindergarten, was this arrangement

Full-time  Part-time

2. Has your child attended other language or social-oriented activities (such as Sunday school, Sparks, Beavers, 4H, Dance, Hockey, Hebrew classes, etc.)?

Yes  No  If yes, please specify \_\_\_\_\_

3. Has the child attended an organized pre-school/nursery school?

Yes  No

4. Has the child attended an early intervention program? (such as speech-language, occupational therapy, Head Start Programming, etc.)?

Yes  No  If yes, please specify \_\_\_\_\_

5. Aboriginal Status: Yes  No

If yes, please specify:

- a) First Nation
- b) Inuit
- c) Metis
- d) Other