



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.

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

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 _____ Home Tel _____ Rural Land Description _____
Section/Township/Range/Parish/Wood Lot

Mailing Address (if different) _____ Postal Code _____

Email Address _____

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 _____ Telephone _____

FOR RURAL OR BUS STUDENTS ONLY:

Emergency Billet Contact _____ Telephone _____

LAST SCHOOL ATTENDED:

Last School Attended _____ Grade _____ Last Date Attended _____

Address of last School Attended _____
(including postal code)

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



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 significant 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 significant 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



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



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HUTTERIAN STUDENT REGISTRATION

School _____ Date _____

Name _____ Birthdate _____ Sex _____
(last, first middle) (yy mm dd)

Mailing Address _____

Father's Name _____ Mother's Name _____

Guardian's Name(s) _____

MEDICAL INFORMATION AND RELEASE check A or B

A. _____ name of student does not have any medical/physical problems that would interfere or limit his/her school activities.

B. _____ name of student has the following medical/physical problems that may affect his/her school activities. Circle those that are applicable and add others if necessary.

Hearing _____ Vision _____ Speech _____ Allergies (specify) _____
Convulsions _____ Epilepsy _____ Diabetes _____ Regular Medication _____
Wheelchair _____ Crutches/Walker _____ Emotional Disturbance (specify) _____
Eyeglasses _____ Other _____
Man. Medical Number _____ Personal Health I.D. Number _____
Doctor _____ Phone _____

I hereby authorize this doctor to release to the school division medical records relevant to the above-named child.

Signature of Parent/Guardian _____ Date _____

PRESCHOOL CHILDREN IN FAMILY

Name _____ Birthdate (yy-mm-dd) _____

PARENT/GUARDIAN CERTIFICATION: This is to certify that the above information 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 _____

STUDENT PROGRAM INFORMATION (FOR OFFICE USE ONLY)

Grade _____ Program _____ Special _____

Measles _____ Vision Checked _____ Hearing _____

Admission Date _____ Updated _____