



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 FORM
SCHOOL

Legal Name _____
last first middle

Name Student goes by _____
last first middle

Birthdate _____ Current Age _____ Gender (M/F) _____
month day year

Language spoken at home: English Yes No Country of birth: _____ If not a Canadian citizen, please indicate:
Landed immigrant Refugee Study permit Other _____
Date entered Canada _____ (month/day/year)

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Advanced Learning 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, *Metis*
 Yes, Inuk (Inuit)
- Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:
 Anishinaabe (Ojibway/Saulteaux) Ininiw
 Dene (Sayisi) Dakota
 Oji-Cree Michif
 Inuktitut Other-please specify _____

Registering for Grade (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12 English French Immersion

Has this student ever been registered in the Portage la Prairie School Division? Yes No

Previous School _____ in _____ (city, province, country)

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

Student Home Address _____ City/Town _____

Postal Code _____ Rural Land Desc. _____ Civic Address _____

Home Tel # _____ Student's Cell _____

Student lives with: Both (Mother & Father) Mother only Father only Shared Custody

Legal Guardian Foster Parent(s)

Name: _____ Name: _____

Relationship: _____ Relationship: _____ (i.e., mother, father, legal guardian, foster parent)



Employer: _____ Employer: _____
 Work #: _____ Cell#: _____ Work #: _____ Cell#: _____
 Email address: _____ Email address: _____

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

Emergency Contact Person 1 (a relative or friend) _____ Tel#: _____
 Emergency Contact person 2 (a relative or friend) _____ Tel#: _____

For rural or bus students only: (In case of school closure)
 Emergency Billet Contact: _____ Tel/Cell#: _____

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.
 Does your child require a health plan? Yes No

MB Medical: Students PHIN # (9 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 <input type="checkbox"/>	Yes <input type="checkbox"/>	
2. Prescribed an Epipen	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
3. Asthma	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
4. Brings inhaler (puffer) to school	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
5. Diabetes	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
6. Seizures/Convulsions/Epilepsy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
7. Heart condition	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
8. Bleeding Disorder	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
9. Check those health/physical problems that are applicable to your child: vision <input type="checkbox"/> prescribed eyeglasses <input type="checkbox"/> hearing <input type="checkbox"/> speech <input type="checkbox"/> muscle/joint <input type="checkbox"/> crutches/walker <input type="checkbox"/> wheelchair <input type="checkbox"/> social/emotional <input type="checkbox"/>			
10. Other (please describe) _____ _____			

Pre School and School Age Siblings:

Name	Birthdate (month, day, year)	School & Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child attend a day care or have a sitter? a.m. p.m. both

Name: _____ Phone #: _____

I authorize the Portage la Prairie School Division to release my child's name, and or picture, and or school work in situations that are school approved, including but not limited to, media, school newsletters, awards, sports teams, and school web pages
 Yes No

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 _____ by parent by legal guardian Date _____

ATTACH COPY OF STUDENT'S BIRTH CERTIFICATE



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 _____



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

B. _____ has the following medical/physical problems that may
name of student 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 _____

Student PHIN # _____

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 _____