



STUDENT REGISTRATION FORM

School: _____

Student First Name: _____ Preferred Name: _____

Student Middle Name: _____ Student Last Name: _____

Birthdate (mm/dd/yyyy): _____ Current Age: _____ Gender: _____

Student Home Address: _____ City/Town: _____

Postal Code: _____ Rural Land Desc.: _____ Civic Address: _____

Home Tel #: _____ Student's Cell #: _____

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 (mm/dd/yyyy): _____

Registering for: English French Immersion

Grade (choose one): K 1 2 3 4 5 6 7 8 9 10 11 12 MSP

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 lives with:

Parent(s)/Guardian(s) Shared Custody Legal Guardian Foster Parent(s) Independent

Parent/Caregiver Name: _____ Relationship: _____
(i.e., mother, father, legal guardian, foster parent)

Employer: _____ Work #: _____

E-mail Address: _____ Cell #: _____

Home Address: _____ Same as Student

Parent/Caregiver Name: _____ Relationship: _____
(i.e., mother, father, legal guardian, foster parent)

Employer: _____ Work #: _____

E-mail Address: _____ Cell #: _____

Home Address: _____ Same as Student



Custody: Are there any custody documents related to this child? Yes No
 If yes, provide a copy of legal documents – must be filed by school.

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

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For rural or bus students only: (In case of school closure)

Emergency Billet Contact: _____ Tel/Cell #: _____

Pre School and School Age Siblings:

Name: _____ Grade: _____

School: _____ Birthdate (mm/dd/yyyy): _____

Name: _____ Grade: _____

School: _____ Birthdate (mm/dd/yyyy): _____

Name: _____ Grade: _____

School: _____ Birthdate (mm/dd/yyyy): _____

Does your child attend a licensed or home daycare? A.M. P.M. Both N/A

Name: _____ Phone #: _____

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: Student's PHIN # (9 digit): _____

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

	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:			
<input type="checkbox"/> 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
10. Other (please describe): _____ _____			



Indigenous Identity Declaration

Indigenous 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 Indigenous 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.)

1. I, _____ (name of parent/guardian, *please print clearly*):

- Am submitting my child's Indigenous Identity Declaration for the first time.
- Am making changes to my child's Indigenous Identity Declaration.
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. Is your child an Indigenous 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)

3. Which best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Objibway/Saulteaux)
- Ininiw
- Dakota
- Dene (Sayisi)
- Oji-Cree
- Michi
- Inuktitut
- Other, please specify: _____

Media/Social Media and Public Library Card Authorization

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

I authorize the Portage la Prairie School Division to allow my child to be interviewed by media or for social media. Yes No

I give Portage la Prairie School Division permission to release relevant information about this student to the Portage Regional Library for the purpose of obtaining a Public Library Card for the student. 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

I agree that if my child is accepted and enrolled as **School of Choice**, **transportation** will be the responsibility of the parent/guardian. This Division **will not** provide transportation.

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: _____



HUTTERIAN STUDENT REGISTRATION

School: _____ Date: _____

Student First Name: _____ Preferred Name: _____

Student Middle Name: _____ Student Last Name: _____

Birthdate (mm/dd/yyyy): _____ Gender: _____

Mailing Address: _____

Parent(s)/Guardian(s): _____

MEDICAL INFORMATION AND RELEASE (Choose 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 affect
(name of student) his/her school activities (choose those that are applicable
and add others if necessary):

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Speech | <input type="checkbox"/> Allergies (specify): _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Regular Medication |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Crutches/Walker | <input type="checkbox"/> Emotional Disturbance (specify): _____ | |
| <input type="checkbox"/> Eyeglasses | <input type="checkbox"/> 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 (mm/dd/yyyy): _____

Name: _____ Birthdate (mm/dd/yyyy): _____

Name: _____ Birthdate (mm/dd/yyyy): _____

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: _____