



Special custody circumstances: (if any)	Court documentation:
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Legal Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address & phone #: Same as student  or: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Work email address:** \_\_\_\_\_

Court Documentation for legal guardianship  (copy to be placed in cum folder)

Brothers/Sisters Name:	D.O.B. (Year/Month/Day)	School/Grade Level:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Storm Billet: \_\_\_\_\_ (Bus Students Only)

Street Address and Phone #: \_\_\_\_\_

Medical Information: MHSC #  (6 digit)      PHIN #  (9 digit)

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (if parent unavailable): \_\_\_\_\_ Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Babysitter/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**In case of an emergency, I understand that the Turtle Mountain School Division will secure medical attention and contact emergency services(911/ambulance). I understand that I will be notified of an emergency as soon as possible.**

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**HEALTH NEEDS:**

- 1. Does your child have any health concerns?  YES  NO
- 2. Did a URIS Nurse develop a Health Care Plan last year?  YES  NO

If you answered YES to **one or both** of these questions, please complete URIS Referral & Intake form (attached).

If you answered NO to both questions, please sign and then continue to STUDENT SERVICES INVOLVEMENT on page 3.

\_\_\_\_\_   
 PARENT NAME

\_\_\_\_\_   
 DATE

**STUDENT SERVICES INVOLVEMENT:**

Please check any services listed that your child received previously.

- \_\_\_\_\_ Psychologist
- \_\_\_\_\_ Speech/Language Pathologist
- \_\_\_\_\_ Guidance Counsellor
- \_\_\_\_\_ Reading Recovery
- \_\_\_\_\_ Individual Education Plan
- \_\_\_\_\_ Health Care Plan
- \_\_\_\_\_ Social Worker
- \_\_\_\_\_ Occupational/Physical Therapy
- \_\_\_\_\_ Consultant for Deaf/Hard of Hearing
- \_\_\_\_\_ Consultant for Visually Impaired
- \_\_\_\_\_ Mental Health

**ADDITIONAL COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Aboriginal Identity Field  
2008-2009 EIS Data Collection**

The Aboriginal Identity Field is intended to establish statistical data that will support efforts to plan and improve programs in a way that is responsive to Aboriginal learners. Better data will improve the ability of School Divisions and the Department of Manitoba Education, Citizenship and Youth to make informed decisions about programs that will have a positive effect on *all* learners in the classroom.

Answering the following questions is entirely **voluntary**.

Please put a check mark in the box that applies to your child:

- Aboriginal      **OR**       Non-Aboriginal (050)

If you have selected “Aboriginal” above, please select only one of the following:

- First Nation (90)  
 Metis (200)  
 Inuit (300)  
 Uncertain of ancestry (060)

You may also select up to two of the following linguistic identifiers:

- Anishinaabe (Ojibway/Saulteaux) (100)  
 Ininew (Cree) (110)  
 Dene (Sayisi) (120)  
 Dakota (130)  
 Oji-Cree (140)  
 Michif (240)  
 Inuktitut (310)  
 Other (please indicate) \_\_\_\_\_ (400)

Providing this personal information is voluntary and optional. It is being collected under the authority of 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 to plan and improve programs and the activity of the School Division to deliver programs in manner stated above.

For more information on the Aboriginal Identity Field, please contact:  
Manitoba Education, Citizenship and Youth  
Aboriginal Education Directorate  
Murdo Scribe Centre  
510 Selkirk Avenue  
Winnipeg, MB R2W 2M7  
Telephone: (204) 945-7886

Fax: (204) 948-2010

Or visit the website at: <http://www.edu.gov.mb/aed/abidentity.html>

Student Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL.

PLEASE READ THIS INFORMATION BEFORE SIGNING THE REGISTRATION FORM

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA)**

The personal information collected on this form is part of the Division's registration process and is authorized under the provisions of the Public Schools Act, The Freedom of Information, and Protection of Privacy Act, and the Personal Health Information Act. The personal information will be used to provide an educational program and ensure a safe and secure school environment.

Once the information is collected and compiled, Turtle Mountain schools believe the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are activities where the information may be used:

- the use of student names, photos and comments in the school calendar, newsletter, yearbook, graduation book or other school publications
- taking of individual, class, team or club photos for school purposes
- the use of student names on artwork or other creative work or material of student displayed at school or school board sites or at school or school board sponsored display in the community
- the use of student names in honour rolls, graduation ceremonies, scholarship or other awards within the division or school board
- the use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the board applies on a student's behalf
- the use of student names, addresses, phone numbers and special medical conditions for the purpose of providing a safe environment for the student
- the use of student names, related contact information and telephone numbers for absenteeism checks/storm billets etc.
- the taking of photos/videos of classroom or other school activities where the material will be used within the school. (Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place.

**If you have any questions or concerns regarding the collection and the intended purposes, please contact the principal of the school your child attends.**

**This registration form is a legal document. It must be accurate and complete.**

*All information will be treated confidentially.*

Before a student can be admitted by a school, a student registration form must be completed in its entirety and signed by the parent or legal guardian, or by the student if 18 years of age. The student registration form is used to enrol a student who is new to Turtle Mountain School Division, or who has returned to the Division.

The registration form is also used when important information has changed. Such as:

- legal name of the student or parent/guardian
- address of the parent/guardian
- legal relationship to student

Declaration by Parent/Legal Guardian/or student if 18 years of age:

I have read the above information, and understand the purpose for which it is collected.

I certify the information provided by me to be accurate and complete.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Parent/Legal