TURTLE MOUNTAIN SCHOOL DIVISION

REGISTRATION FORM

PLEASE NOTE: TURTLE MOUNTAIN SCHOOL DIVISION IS WORKING TOWARD BEING FISH AND NUT FREE.

This form must be completed and signed by the parent/legal guardian of any student(s) new to Turtle Mountain School Division as required by the Freedom of Information and Protection of Privacy Act. Child in Care Agency: Boissevain School Can Am Colony School Agency Worker: Holmfield Colony School Phone: Fax: ☐ Killarney School Minto School *The school registration Child in Care Form must be completed ☐ Mayfair Colony School with Executive Director signature before school entry. ☐ Wellwood Colony School APPLICATION DATE PREVIOUS SCHOOL APPLYING FOR GRADE (MIDDLE) STUDENT LEGAL NAME (LAST) (FIRST) Home Phone: ______ Unlisted: Date of Birth: ______ mo. Day Sex: ____ Email Address: _ Student lives with: Mother Father Other (please specify) Student Street Address: _____ Mailing Address: _____ Town: Postal Code: Bus student: Yes No If Yes: Rural or Town Bus #: Section/Township/Range Note: If bus transportation is required, the parent/legal guardian is to notify the transportation supervisor at 534-6269. School Division in which parent/legal guardian resides: Relationship (if not father): Male Parent: Address & phone #: Same as student or: Place of Employment:
 Home Phone # ______ Work Phone # _____ Cell # ______

 Female Parent: _____ Relationship (if not mother): ______
 Address & phone #: Same as student \(\square \text{ or:} \) Place of Employment: Home Phone # _____ Work Phone # ____ Cell # ____

Special custody circumstances: (if any)		Court documentation:			
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:					
Emergency Contact (if parent unavailab	ole):			_ 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 SIGNA	ΓURE	DA	ATE		

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 Deaf/Hard of Hearing Consultant for Visually Impaired					
Mental Health					
ADDITIONAL COMMENTS:					
ADDITIONAL COMMENTS.					

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.

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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