

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.

- Boissevain School
- Can Am Colony School
- Holmfield Colony School
- Killarney School
- Mayfair Colony School
- Minto School
- Wellwood Colony School

Child in Care Agency: _____
 Agency Worker: _____
 Phone: _____ Fax: _____

*The school registration Child in Care Form must be completed with Executive Director signature before school Entry

APPLICATION DATE _____ PREVIOUS SCHOOL _____ APPLYING FOR GRADE _____
 STUDENT LEGAL NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____

Home Phone: _____ Unlisted: Date of Birth: _____ year _____ mo. _____ Day _____ Sex: _____

Email Address: _____

Student lives with: Mother Father Both 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, please fill in transportation form 6-D

School Division in which parent/legal guardian resides: _____

Male Parent: _____ Relationship (if not father): _____

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 or: _____

Place of Employment: _____

Home Phone # _____ Work Phone # _____ Cell # _____

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

ENGLISH AS AN ADDITIONAL LANGUAGE (EAL) LEARNER:

- 1. Is English an additional language? YES NO

If you answered YES, please complete the EAL Intake package (attached)

ADDITIONAL COMMENTS:

**Aboriginal Identity Declaration
EIS Data Collection**

Aboriginal 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 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 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 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.

2. Is your child an Aboriginal person, that is, First Nation (North American Indian), Metis, 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 Aboriginal cultural-linguistic identity? Please select up to two choices:

- | | |
|--|--|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Inuk |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Dakota |
| <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Inuktitut | <input type="checkbox"/> Other-please specify: _____ |

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

Email: richard.perrault@gov.mb.ca

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

Student Name (please print) _____

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