



*The future is in our hands.*

# TURTLE MOUNTAIN SCHOOL DIVISION

P.O. Box 280 Killarney, Manitoba R0K 1G0  
Office: (204) 523-7531 Fax: (204) 523-7269

## KINDERGARTEN TO GRADE 12 REGISTRATION FORM

*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

☐

Holmfild Colony School

☐

Killarney School

☐

Mayfair Colony School

☐

Minto School

☐

Wellwood Colony School

APPLICATION DATE (YYYY/MM/DD)

PREVIOUS SCHOOL

GRADE REQUESTED

STUDENT LEGAL LAST NAME

STUDENT LEGAL FIRST NAME

STUDENT LEGAL MIDDLE NAME

PREFERRED LAST NAME

PREFERRED FIRST NAME

GENDER

CONTACT PHONE NUMBER

MHSC NUMBER (6 digit)

PHIN NUMBER (9 digit)

DATE OF BIRTH (YYYY/MM/DD)

DOCTOR

DOCTOR'S PHONE NUMBER

STUDENT STREET  
ADDRESS:

STUDENT MAILING  
ADDRESS:

TOWN:

POSTAL CODE:

BUS STUDENT:

☐

YES

☐

NO

IF YES:

☐

RURAL

or

☐

TOWN

BUS NUMBER:

SECTION/TOWNSHIP/RANGE:

*Note: If bus transportation is required, please fill in [Transportation Form 6-D](#)*

SCHOOL DIVISION IN WHICH PARENT/LEGAL GUARDIAN RESIDES:

CUSTODY:

Both

☐

Mother

☐

Father

☐

Joint (Shared)

☐

Guardian

☐

Child in Care

☐

SPECIAL CUSTODY CIRCUMSTANCES/COURT ORDERS:

*It is the responsibility of the parent/legal guardian to provide appropriate Court Documentation, Child in Care Form, etc. to the school.*

COURT DOCUMENTATION FOR LEGAL GUARDIANSHIP

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(copy to be placed in cum folder)



For the following, please list all relevant contacts, including parent(s) and/or legal guardians

Contact:	_____	Relationship:	_____	
Address:	_____	Place of Employment:	_____	
Contact Phone #:	_____	Email:	_____	
Work Phone #:	_____	Cell #:	_____	
Has Custody <input type="checkbox"/>	Lives With <input type="checkbox"/>	School Pick-Up <input type="checkbox"/>	Receives Mail <input type="checkbox"/>	Accepts Text Messaging <input type="checkbox"/>

Contact:	_____	Relationship:	_____	
Address:	_____	Place of Employment:	_____	
Contact Phone #:	_____	Email:	_____	
Work Phone #:	_____	Cell #:	_____	
Has Custody <input type="checkbox"/>	Lives With <input type="checkbox"/>	School Pick-Up <input type="checkbox"/>	Receives Mail <input type="checkbox"/>	Accepts Text Messaging <input type="checkbox"/>

Contact:	_____	Relationship:	_____	
Address:	_____	Place of Employment:	_____	
Contact Phone #:	_____	Email:	_____	
Work Phone #:	_____	Cell #:	_____	
Has Custody <input type="checkbox"/>	Lives With <input type="checkbox"/>	School Pick-Up <input type="checkbox"/>	Receives Mail <input type="checkbox"/>	Accepts Text Messaging <input type="checkbox"/>

Contact:	_____	Relationship:	_____	
Address:	_____	Place of Employment:	_____	
Contact Phone #:	_____	Email:	_____	
Work Phone #:	_____	Cell #:	_____	
Has Custody <input type="checkbox"/>	Lives With <input type="checkbox"/>	School Pick-Up <input type="checkbox"/>	Receives Mail <input type="checkbox"/>	Accepts Text Messaging <input type="checkbox"/>



Emergency Contact:	Phone #:
Work Phone #:	Cell #:
Babysitter/Daycare :	Address
Phone #:	Cell #:

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Storm Billet:	(bus students only)
Street Address	
Phone #:	Cell #:

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Name(s) of Sibling(s) in School			

**ENGLISH AS AN ADDITIONAL LANGUAGE (EAL) LEARNER:**

Is English an additional language?

☐ Yes ☐ No

**ADDITIONAL COMMENTS**

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## INDIGENOUS IDENTITY DECLARATION

Schools in Manitoba require accurate information about pupils. Personal information is collected from parents about their child. A pupil file is a record or a collection of records respecting a pupil's personal information, attendance, academic achievement and other related matters. The information in pupil files is very important for planning and recording achievement. It is used to plan programs for individual students and record a student's educational progress through their Kindergarten to Grade 12 education.

School boards are responsible for all matters respecting the collection, storage, retrieval and use of information respecting pupils. Access to pupil files and the protection of pupil file information is governed by The Public Schools Act (PSA), the Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA). A person requesting access to a record must make application to the access and privacy coordinator of the school division.

Aboriginal Identity Declaration collects information about the ancestral/cultural background of Aboriginal students. The purpose of this information is to assist schools, school divisions and the Department of Education and Training plan programs to improve student success.

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:

☐ Anishinaabe (Ojibway/Saulteaux)

☐ Ininw

☐ Dene (Sayisi)

☐ Dakota

☐ Oji-Cree

☐ Michif

☐ Inuktitut

☐ Other-please specify: \_\_\_\_\_

For more information, please refer to Manitoba Education: Indigenous Inclusion Directorate. <https://www.edu.gov.mb.ca/iid/abidentity.html>

STUDENT NAME (please print): \_\_\_\_\_

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

## STUDENT SERVICES

### A. HEALTH NEEDS: PLEASE COMPLETE THE FOLLOWING URIS GROUP B MEDICAL/HEALTH INFORMATION:

This personal information or personal health information is being collected under authority given to Turtle Mountain School Division under the Public Schools Act and will be used for educational purposes, or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Privacy Act (including, but not limited to section 37) and The Personal Health Information Act (including, but not limited to Part 3, Division 1).

Prairie Mountain Health and the Turtle Mountain School Division partner to provide health care plans to children who need intervention and support. A Unified Referral Intake System (URIS) Group B Application form needs to be completed for Kindergarten and new students within the Turtle Mountain School Division, if required, in the areas of (please check [X] "Yes" or "No" for all health care needs below):

☐ Yes ☐ No Life-threatening allergy (anaphylaxis)

☐ Yes ☐ No Asthma (if medication is at the community program)

☐ Yes ☐ No Seizure disorder

☐ Yes ☐ No Diabetes

☐ Yes ☐ No Cardiac condition

☐ Yes ☐ No Bleeding disorder

☐ Yes ☐ No Steroid dependence

☐ Yes ☐ No Osteogenesis Imperfecta (brittle bone disease)

☐ Yes ☐ No Gastrostomy care and feeding

☐ Yes ☐ No Ostomy care

☐ Yes ☐ No Clean Intermittent Catheterization

☐ Yes ☐ No Pre-set oxygen

☐ Yes ☐ No Suctioning (oral and/or nasal)

☐ Yes ☐ No Administration of medications

### B. STUDENT SERVICES INVOLVEMENT: PLEASE CHECK ANY SERVICES LISTED THAT YOUR CHILD RECEIVED PREVIOUSLY.

Have any of the following support specialists been involved with the student? If so, when, and what assessments have been done?

☐ Student Services/Resource Teacher

☐ Psychologist

☐ Speech/Language Pathologist

☐ Guidance Counsellor

☐ Reading Recovery

☐ Student-Specific Plan

☐ Health Care Plan

☐ Social Worker

☐ Occupational/Physical Therapy

☐ Consultant for Deaf/Hard of Hearing

☐ Consultant for Visually Impaired

☐ Mental Health

What type of program was the student in? When?

☐ Regular

☐ Work education / work experience

☐ Life skills

☐ Alternative program delivery

☐ Modified

☐ Individualized

Did your child have an Educational Assistant help them at school? If so, when, for what subjects?

☐ Yes

☐ No

Has your child had a Student-Specific Plan (IEP, AEP, ITP, CMP, BIP)? Do you have a current copy? Have you attended school team meetings? If your child had a Behaviour Intervention Plan, what behaviours were being targeted? Was the plan working? ☐ Yes ☐ No

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What has the student's attendance been like in the past year? How irregular? Regular = attending except for sick days, major medical appointments. Are they open to additional supports if very problematic? ☐ Regular ☐ Irregular

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Has the student been suspended from school during the last 12 months of attendance? (for what?, in-school-out of school?, is this the reason you left? was it resolved?) ☐ Yes ☐ No

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Please include any other concerns / information that will assist us to appropriately plan for your child's education.

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[TMSD Acknowledgement of the Use of Personal Information and Personal Health Information](#)

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

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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.

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*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.

**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:

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