



**TURTLE MOUNTAIN SCHOOL DIVISION
STUDENT PRE-REGISTRATION INFORMATION FORM**

In order for schools to provide students with the most successful, appropriate educational programming, please be aware that the following are required before students are enrolled / scheduled for any classes:

- A meeting with parent(s) or Legal Guardian (includes CFS Social Worker) and the Principal to discuss questions on this form.
- **Student's Cumulative File** (*and any other pupil support files*) will be requested in writing from previous school once this form has been completed and thoroughly discussed.
- Parent(s) or Legal Guardian(s) (includes the child's Social Worker if applicable) must be present at the school registration intake meeting with Principal.
- In the case of a student being a ward of any of the Child and Family Services Authorities, the social worker must have a completed **Student in Care Form** available for the school registration intake meeting.

Student Name _____ D.O.B. _____

Last school / division attended _____ Grade at time of transfer/leaving _____

Date left last school? _____ Contact person/position at last school _____

1. If student resides on a First Nations Reserve, please ask parent to contact their band council before proceeding. *Applies for any grade level. (confirmation of funding must be provided to the Secretary-Treasurer before proceeding with Pre-Registration meeting and School Registration Intake)*
2. Are you the legal guardian? Yes No
3. Is the child a ward of CFS? If so, which authority?
 Yes If yes, the Social Worker must be present and the *Student in Care Form* completed before continuing. The Assistant Superintendent of Student Services must be contacted.
 No
4. What type of program was student in? When?
 Regular Alternative program delivery
 Work education / work experience Modified
 Life skills
5. Did your child have an Educational Assistant help them at school? If so, when? Yes No
6. Is the student funded? If yes, contact Assistant Superintendent of Student Services to confirm funding. Yes No

7. Has the student had an Individual Education Plan? If so, when? Yes No

8. Has the student had a Behaviour Plan? If so, when? Yes No

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

Speech Language Pathologist

School Counsellor

Psychologist

Resource Teacher

School Social Work Clinician

Outside Agencies (name): _____

Other: _____

10. What has the student's attendance been like in the past year? Regular Irregular

11. Has the student been suspended from school during the last 12 months of attendance? Yes No

12. Does the student require transportation on a school bus? Yes No

13. Please include any other concerns / information that will assist us to appropriately plan for your child's education. (i.e.: medical concerns)

Note:

Please have parent sign TMSD Consent for Exchange of Information Form.

Send form to previous school to obtain copies of educational information required for student programming and for consent to share information verbally prior to receiving the pupil file

(if student from out of province or division)

CONSENT FOR EXCHANGE OF INFORMATION

Child's Name

Birthdate (Day/Month/Year)

EXCHANGE OF INFORMATION:

Under Section 22(2) (a) and (g) of the Personal Health Information Act (PHIA) (legislation in the province of Manitoba), referring agencies and other services may exchange information for the purpose of assessment, treatment, further referral and program evaluation. I understand that information will be exchanged with the individuals I have specified below:

<u>Resource Service</u>	<u>Name, Agency, Address & Telephone # (all information required)</u>
Family Doctor:	_____
Pediatrician:	_____
Public Health Nurse:	_____
Child Development Clinic:	_____
Foster Parent(s):	_____
Speech-Language Pathologist:	_____
School Psychologist:	_____
Audiologist:	_____
Physiotherapist:	_____
Occupational Therapist:	_____
Service Coordinator (CSS, SMD, CFS, C&A MH)	_____
Child Care Centre/Nursery School	_____
Student Services Administrator/Resource Teacher	_____
Others (please provide name, address and telephone number):	_____
_____	_____
Special Instructions:	_____
_____	_____

Any other person(s) not authorized under the Act who wishes to receive information or a copy of a report are required to obtain written consent from the individual or their authorized legal representative.

I understand that the information collected and exchanged will be used for the purposes of assessment, planning, developing programs and/or strategies that will benefit the child or family. The information may be shared verbally or through written reports. In the process of obtaining/gathering information about your child, it may be necessary to provide a copy of this form to a provider listed above. By doing this, they will become aware of other service providers named on this list.

This consent for exchange of information is valid for the duration of program participation unless otherwise specified. Parents may request changes at any time.

Signature of Parent or Legal Guardian

Date