



APPLICATION FOR REGISTRATION

School Applying to:	For School Year:	Grade Level:
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Section A – Student Information:

Student Legal Surname:	Student Legal Given Name(s):	Preferred Name:
Mailing Address:	City/Town:	Postal Code:
Street Address:	Legal Land Description (outside town limits)	
	Section/Township/Range:	911 Number:
Student Home Phone:	Program: <input type="checkbox"/> English <input type="checkbox"/> French Immersion <input type="checkbox"/> Français Partiel or 50/50	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Student Cell Phone:		
Birth date (month/day/year): _____	Language spoken at home: _____	
	First Language Spoken: _____	

Section B – Legal Parent/Legal Guardian/Foster Parent Information:

<input type="checkbox"/> Legal Parent 1 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Legal Parent 2 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent
Relationship to student:	Relationship to student:
Address: <input type="checkbox"/> Same as above	Address: <input type="checkbox"/> Same as above
Home Phone: Cell Phone: Work Phone:	Home Phone: Cell Phone: Work Phone:
Email Address:	Email Address:

Section C – Living Arrangements / Custody Information:

Student Resides With: <input type="checkbox"/> Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Step Parent (name) _____ <input type="checkbox"/> Other _____	Special Custody: <input type="checkbox"/> Joint <input type="checkbox"/> Parent 1 only <input type="checkbox"/> Parent 2 only <input type="checkbox"/> Guardian <input type="checkbox"/> Primary Care and Control with Documentation <input type="checkbox"/> Other _____
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Section D – If the student is in care as a foster child, complete the Child in Care Form and please provide the following:

Case Worker Name: _____ Foster Child Agency: _____ Address: _____ Phone: _____ Email Address: _____	Name of person(s) <u>access is denied</u> by court order (include documents): _____ _____
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Section E – Emergency Contact Information (other than a parent):

Name:	Relationship:	Daytime Phone:	Other Phone:
Name:	Relationship:	Daytime Phone:	Other Phone:

Section F – Student Transportation Information

Transportation required (if eligible)

Requested start date: _____

Transportation not required (proceed to Section G)

Please check if any of these pertain to your child:

Wheelchair Seatbelt restraint URIS Plan from school (medical info) Walking device

As per policy EEACA – Designated Stop - If requesting a different pick up/drop off location other than student’s home address, please complete this section:

Parent 1:

<p>Pick up/drop off location: <input type="checkbox"/> Daycare Facility <input type="checkbox"/> Home Day Care Provider <input type="checkbox"/> Winnipeg Cluster Location</p> <p>Name/Cluster: _____</p> <p>Address/Legal Land Description _____ 911 # _____</p> <p>Town _____ Phone # _____ Additional Phone # _____</p> <p>If pick up and/or drop off is not every day, please specify days: _____</p> <p>If the days specified are not consistent each week, please provide a calendar listing days the bus is required.</p>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM & PM
<p>Pick up/drop off location: <input type="checkbox"/> Daycare Facility <input type="checkbox"/> Home Day Care Provider <input type="checkbox"/> Winnipeg Cluster Location</p> <p>Name/Cluster: _____</p> <p>Address/Legal Land Description _____ 911 # _____</p> <p>Town _____ Phone # _____ Additional Phone # _____</p> <p>If pick up and/or drop off is not every day, please specify days: _____</p> <p>If the days specified are not consistent each week, please provide a calendar listing days the bus is required.</p>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM & PM

Parent 2 (if address is different):

<p>Pick up/drop off location: <input type="checkbox"/> Daycare Facility <input type="checkbox"/> Home Day Care Provider <input type="checkbox"/> Winnipeg Cluster Location</p> <p>Name/Cluster: _____</p> <p>Address/Legal Land Description _____ 911 # _____</p> <p>Town _____ Phone # _____ Additional Phone # _____</p> <p>If pick up and/or drop off is not every day, please specify days: _____</p> <p>If the days specified are not consistent each week, please provide a calendar listing days the bus is required.</p>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM & PM
<p>Pick up/drop off location: <input type="checkbox"/> Daycare Facility <input type="checkbox"/> Home Day Care Provider <input type="checkbox"/> Winnipeg Cluster Location</p> <p>Name/Cluster: _____</p> <p>Address/Legal Land Description _____ 911 # _____</p> <p>Town _____ Phone # _____ Additional Phone # _____</p> <p>If pick up and/or drop off is not every day, please specify days: _____</p> <p>If the days specified are not consistent each week, please provide a calendar listing days the bus is required.</p>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM & PM

For Transportation Office Use Only: Resides within Red River Valley School Division: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School of Choice: <input type="checkbox"/> Designated School <input type="checkbox"/> In Division <input type="checkbox"/> Out of Division <input type="checkbox"/> Program not Offered	
Transportation Code/Description: _____ Enrolment Code: _____	
Section 1:	
Main Driver: _____	Transfer to: _____
Section 2:	
Main Driver: _____	Transfer to: _____

Section G – Previous School Information:

Previous School Name:	Address:	Phone:
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Section H – Out of Division Information (if residency is within Red River Valley School Division, proceed to Section I):

Out of Division – Name of School Division You Currently Reside In: Please complete School of Choice / Program Not Offered Form.

Section I – Citizenship Status (if Canadian Citizen, proceed to Section J):

Student has: Authorization with Landed Immigrant Status
 Authorization without Landed Immigrant Status Refugee VISA Student
 Date entered into Canada (month/day/year): _____

Section J – Medical Information:

Does your child wear a MedicAlert© bracelet? Yes No If yes, ID Number: _____

Family MHSC No. (6 Digits):	Student's PHIN No. (9 digits):	Family Doctor:	Doctor's Phone #:	Treaty No.:
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NOTE: Effective September 1, 2018, International Students (and their dependents) are no longer eligible for Manitoba provincial health insurance on the basis of a study permit issued by Immigration, Refugees and Citizenship Canada. Please ensure they obtain private health insurance to meet their health care needs.

Please indicate health care needs:

Does your child have a serious medical condition? Yes No If yes, please specify:
 Epipen Bronchial Inhaler Asthma Diabetes Anaphylaxis Seizures Catheterization
 Other: _____
 Allergies (identify): _____
 Elaborate on health care needs if necessary: _____

 Does your child wear glasses? Yes No Does management of this condition require school assistance or intervention? Yes No
 Does your child have hearing loss? Yes No

It is the responsibility of the parent/legal guardian to inform the school of changes to the above.

Section K – Sibling Information (please list in order of age, including preschool and school-aged siblings):

Gender:	Name (last, first):	Date of Birth (month/day/year):	School Attending (if applicable):
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			

Section L – Permissions

Permission to Email:

I/We consent to receive information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions. If at any time you wish to be removed from the email list, please contact the school office.

Permission and Certifications:

I hereby authorize Red River Valley School Division to:

Yes No Release my child's name and/or picture/video and/or school work in situations that are school approved, including but not limited to media, school newsletters, awards, sports teams and school web pages.

Yes No Release my child's name and/or picture/video and/or school work in situations that are INTERNAL use only, including but not limited to bulletin boards, electronic slide shows and other places that are physically inside the school.

Yes No Allow my child to participate in supervised activities off school property, but within the school's community.

Yes No Release my contact information to the Parent Advisory Council.

Section M – Student Services (if not applicable proceed to Section N):

Student Services: Services current or past provided to your child. Please complete Authorization of Release Form (if any are selected):

Resource Guidance Educational Assistant Support Speech Language Pathologist

Psychology Psychiatry Occupational / Physical Therapy Mental Health (Community/School) – circle one

Social Worker Audiology Individual Education Plan (IEP) Other _____

Section N – Daycare Information (if not applicable, proceed to Section O):

Please list any Daycare or preschool experience your child has had (kindergarten registration only):

If your child attends a before and/or after school program, please provide the following:

Name of facility or child care provider:	Contact Name:
Address:	Phone Number:

Section O – Aboriginal Identity (Voluntary) (if not applicable, proceed to Section P):

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* as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.

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

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:

- First Nation (North American Indian)
- Métis
- Inuk (Inuit)

Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux) Ininiw Dene (Sayisi) Dakota
- Oji-Cree Michif Inuktitut Other: (please specify) _____

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Please complete Section P.

Section P – Parent/Legal Guardian Signatures:

The following signatures verify that all the information in this application for registration is true and accurate. Upon transfer/withdrawal of the student, the pupil file will be forwarded to the next school of attendance. Signatures of both parents/legal guardians are required.

Date: _____

Signature of Parent 1/Legal Guardian

PRINT NAME

Signature of Parent 2/Legal Guardian

PRINT NAME

This personal information and personal health information is being collected under the authority of The Red River Valley School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected under the provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection of this information, please contact The Red River Valley School Division.

School Use Only (Check off as required):

- Release of Information Form (*Student Services*)
- Proof of age confirmed (IE: original copied for file: Birth Certificate, Baptismal Certificate, Certificate of Live Birth, Health Card, Statutory Declaration for Kindergarten / High School Included)
- URIS form provided
- Resident of the Red River Valley School Division
- School of Choice/Program Not Offered (out of division form provided)
- Original custody documents copied for file
- Original citizenship documents copied for file
- Original Restricted Access documents copied for file
- Foreign student fee is collected, if applicable
- Medication form
- Foster documents confirmed
- Original legal document denying access on file at school
- Child In Care intake form attached if applicable
- EDI information included