

# Interlake School Division Student Registration Form

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM**

Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian. Registration will not be permitted until all necessary documentation has been provided. This form is used to enroll a student who is new to Interlake School Division, or who is returning to the Division. Use this form to record important changes, such as the student identification (legal name, date of birth, gender, identification document type and document number), legal relationship of student and parent/guardian, or Aboriginal self-identification.

**Date of Registration:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **School Year:** \_\_\_\_\_ **Previous School Attended:** \_\_\_\_\_

STUDENT INFORMATION			
Re-registering for Grade: _____			
Student's Legal Last Name		Student Number	
Student's Legal First Name		Student's Legal Middle Name	
Preferred Called Name			Date of Birth (MM/DD/YYYY)
<input type="checkbox"/> Proof of Age - Kindergarten Only			
Student's Physical Address			
Address	City	Province	Postal Code
Mailing Address			
Address	City	Province	Postal Code
Student Home Phone		Gender	

Are the parent(s)/guardian(s) residents of the Interlake School Division? No, complete the Out of Division School of Choice Form.  
 Are the parent(s)/guardian(s) residents in the school catchment area? No, complete the Within Division School of Choice Form.

MEDICAL INFORMATION	
Student PHIN No. (9 digit #)	Medical Conditions/Resitrixtions
Family Doctor	
Doctor's Phone	

Parent/guardians must notify the school immediately of any changes in health information.

CUSTODY	
<input type="radio"/> Joint <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian	<input type="radio"/> Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Are there any custody documents related to this child?	Comment: _____
Are there any restricted contact related to this child?	_____
If yes, provide name and copy of legal document(s).	_____
Would you like an additional report card sent?	_____
Address for additional report card:	
Name	
Address	City Province Postal Code

**PARENT/LEGAL GUARDIAN INFORMATION**

Student Resides with:  Parents  Parents Alternately  Mother  Father  Guardian  Foster

If your child is in CFS Care, CFS = First Parent/Legal Guardian & Foster Family = Optional-Other Relevant Adult

Please provide Agency: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

<b>First Parent/Legal Guardian</b>	Name	Relationship to Student	Mr., Mrs., Ms., Dr., etc.
	Address (if different from student's)		Does the student reside with this individual? <input type="radio"/> Yes <input type="radio"/> No
	Address	City	Province
	Home Phone (with area code)	Business Phone (with area code)	Postal Code
	Cell Phone (with area code)	Extension #	
	Cell Phone (with area code)	Email	

<b>Second Parent/Legal Guardian</b>	Name	Relationship to Student	Mr., Mrs., Ms., Dr., etc.
	Address (if different from student's)		Does the student reside with this individual? <input type="radio"/> Yes <input type="radio"/> No
	Address	City	Province
	Home Phone (with area code)	Business Phone (with area code)	Postal Code
	Cell Phone (with area code)	Extension #	
	Cell Phone (with area code)	Email	

<b>Optional - Other Relevant Adult</b>	Name	Relationship to Student	Mr., Mrs., Ms., Dr., etc.
	Address (if different from student's)		Does the student reside with this individual? <input type="radio"/> Yes <input type="radio"/> No
	Address	City	Province
	Home Phone (with area code)	Business Phone (with area code)	Postal Code
	Cell Phone (with area code)	Extension #	
	Cell Phone (with area code)	Email	

<b>SIBLING INFO</b>			
Sibling Name	Date of Birth (MM/DD/YYYY)	Grade	School

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACTS (NOT STUDENT'S PARENT/LEGAL GUARDIAN)

Emergency Contact Name #1

Relationship to Student

Home Phone of Emergency Contact #1 (with area code)

Cell Phone (with area code)

Emergency Contact Name #2

Relationship to Student

Home Phone of Emergency Contact #2 (with area code)

Cell Phone (with area code)

Emergency Contact Name #3

Relationship to Student

Home Phone of Emergency Contact #3 (with area code)

Cell Phone (with area code)

**\*\* If immediate medical attention is required, your child will be taken to the nearest hospital. Every attempt to contact parents/guardians will be made.**

**STUDENT TRANSPORTATION - BUS STUDENTS ONLY**

Does your child require school bus transportation or do you live more than 1.6 km from your current school? YES / NO If you answered yes please contact the transportation department at 204-467-8730.

**PERMISSIONS**

I consent to receive, via email, information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.

Yes  No

I hereby authorize the Interlake School Division to release my child's name and/or picture in situations that are school-approved, to include but not limited to media, school newsletters, awards, sports teams, Manitoba High School Athletic Association, school/division web pages, divisional Facebook page:

Yes  No

I hereby authorize the Interlake School Division to allow my child to participate in supervised activities off school property, but within the school's community:

Yes  No

I have read and understand the following Interlake School Division policy references:

- Responsible Use of Technology for Students, B-10 (R2) ([www.isd21.mb.ca](http://www.isd21.mb.ca))
- Digital Citizenship Guidelines, B-10 (R3) ([www.isd21.mb.ca](http://www.isd21.mb.ca))

I hereby give permission for my son/daughter to participate in the use of technology for educational purposes on both ISD and personally owned devices. I understand that any violation of divisional policy will result in appropriate disciplinary measures.

The Interlake School Division has taken precautions to circumvent student access to controversial material. However, I also recognize it is impossible for the Interlake School Division to restrict access to all controversial materials and I will not hold it responsible for materials acquired on the network.

Yes  No

Student Signature:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

## INDIGENOUS IDENTITY DECLARATION

Indigenous 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 Indigenous learners.

Providing this personal information is voluntary and optional. It is 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.

1. I, \_\_\_\_\_, (name of parent/guardian, please print clearly):

- Am submitting my child's Indigenous Identity Declaration for the first time.
- Am making changes to my child's Indigenous Identity Declaration.
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. Is your child an Indigenous 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 Indigenous cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Dene (Sayisi)
- Oji-Cree
- Inuktitut
- Iniw
- Dakota
- Michif
- Other-please specify: \_\_\_\_\_

ALL INFORMATION PROVIDED ON THIS REGISTRATION FORM WILL BE IN EFFECT AS LONG AS THE ABOVE-MENTIONED CHILD IS A REGISTERED STUDENT OF THE INTERLAKE SCHOOL DIVISION. IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO NOTIFY THE SCHOOL IF CIRCUMSTANCES CHANGE.

To the best of my knowledge, information provided on this form is accurate.

Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

For Office Use Only:

Date Entered into PowerSchool

\_\_\_\_\_