SEVEN OAKS SCHOOL DIVISION
community begins here

STUDENT REGISTRATION FORM

Class: _____ Teacher: _____

KINDERGARTEN ONLY: AM ☐ PM ☐ firm ☐ flexible ☐

This personal information is being collected under the authority of the Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Superintendent of Seven Oaks School Division, 830 Powers Street, Winnipeg, Manitoba, R2V 4E7; Telephone (204)586-8061.

Please Print ***7Oaks Student #:*** _____

School: _____ ***Program:*** _____ ***School Year:*** _____ **MET#:** _____

LEGAL Surname: _____ **LEGAL** First Name: _____ **LEGAL** Middle Name: _____

Male ☐ Female ☐ Gender (if applicable) - Grade Level: - _____ Birthdate: (Month/Day/Year) _____ Telephone: _____

Home Address: _____ Apt. #: _____ Box #, Group #, RR#: _____

City: _____ Province: _____ Postal Code: _____

Transfer from: (School, City, Province, Country) _____

Do you live in the Seven Oaks School Division? Yes ☐ No ☐ (If NO, complete and attach a School of Choice / Out of Division Form)

Are you a Band sponsored First Nations student? Yes ☐ If YES, name of Sponsor _____

If not a Canadian citizen are you: Landed Immigrant ☐ Refugee ☐ Visa Student ☐ Date Entered Canada: (Month/Day/Year) _____ / _____ / _____

To which ethnic / cultural group do you belong? _____ Language spoken at home: _____

Permanent Resident Number _____

Guardians: (List in order of priority to call.) **Type of phone: c – cell h – home w – work (List in order of priority to call.)**

1. LAST Name _____ FIRST Name _____ Relation _____ Employer: _____

Address: _____ e-mail address: _____

Legal Guardian? Yes ☐ No ☐ Phone 1: _____ type: ____ Phone 2: _____ type: ____ Phone 3: _____ type: ____

2. LAST Name _____ FIRST Name _____ Relation _____ Employer: _____

Address: _____ e-mail address: _____

Legal Guardian? Yes ☐ No ☐ Phone 1: _____ type: ____ Phone 2: _____ type: ____ Phone 3: _____ type: ____

3. LAST Name _____ FIRST Name _____ Relation _____ Employer: _____

Address: _____ e-mail address: _____

Legal Guardian? Yes ☐ No ☐ Phone 1: _____ type: ____ Phone 2: _____ type: ____ Phone 3: _____ type: ____

CUSTODY: Are there any legal restrictions/arrangements for this child? Yes ☐ No ☐ _____

(A copy of legal documents must be on file at school.)

Emergency Contact (EC) - Must be <u>different</u> than Guardians 1, 2 and 3 **Type of phone: c – cell h – home w – work**

EC 1 Name: _____ Relationship: _____ Telephone 1: _____ type: _ Telephone 2: _____ type: ___

EC 2 Name: _____ Relationship: _____ Telephone 1: _____ type: ___ Telephone 2: _____ type: ___

Doctor: _____ MB Medical: Personal #: (9 digit) ☐☐☐☐☐☐☐☐☐ Family #: (6 digit) ☐☐☐☐☐☐

Doctor Phone Number: _____

Attending / Registered at Daycare/After School Care

Name: _____ Contact: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ or _____

Signature: (Verifying that the above information is true and correct.)

PARENT/GUARDIAN: _____ DATE: _____

SIBLINGS	Name: _____ Birthdate: _____ Grade: _____ School: _____ Name: _____ Birthdate: _____ Grade: _____ School: _____ Name: _____ Birthdate: _____ Grade: _____ School: _____

CONTINUE ON PAGE 2

MEDICAL QUESTIONNAIRE

Please complete the following. Specify yes, if physician diagnosed.

1. Life Threatening Allergy YES ☐ NO ☐ If yes, specify: _____
2. Prescribed an EpiPen YES ☐ NO ☐
3. Asthma YES ☐ NO ☐
4. Bleeding Disorder YES ☐ NO ☐
5. Diabetes YES ☐ NO ☐
6. Heart Condition YES ☐ NO ☐
7. Seizure Disorder YES ☐ NO ☐
8. Other **significant** conditions that are physician diagnosed (i.e. ulcerative colitis, Crohns, transplants, spina bifida, permanent physical limitations)

_____

_____

This medical information is being collected so that appropriate health care plans may be developed. This information will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act. Questions should be directed to the Superintendent of Seven Oaks School Division, 830 Powers Street, Winnipeg, Manitoba, R2V 4E7; Telephone (204)586-8061

SUPPORT SERVICES

Please indicate if student has utilized any of the following services:

❒ Psychiatry	❒ Reading Recovery Teacher	❒ School Counsellor
❒ Psychology	❒ Resource Teacher	❒ Physiotherapy
❒ Social Work	❒ Occupational Therapy	❒ Outside Agency
❒ Speech & Language	❒ **Child in Care of CFS**	❒ Other

If any services above are (✓), please complete details below.

Name of Agency/Support Service: _____

Name of Contact Person: _____

Address: _____

Phone: _____

Briefly describe the reason for service: _____

The Support Services information is being collected so that appropriate educational services may be provided for your son/daughter. This information will only be shared with appropriate individuals. This information is protected by the Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.

INDIGENOUS IDENTITY DECLARATION

The 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 (FIPPA) 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;
☐ I have already submitted my child's Aboriginal Identity Declaration and have no changes

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? Note: First Nations (North American Indian) include Status & Non-Status Indians. If "Yes", mark the square(s) that best describe(s) your child now:

☐ Yes, First Nation (North American Indian)
☐ Yes, Métis
☐ Yes, Inuk (Inuit)

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

☐Anishinaabe (Ojibway/Saulteaux)
☐Ininew (Cree)
☐Dene (Sayisi)
☐Dakota
☐Oji-Cree
☐ Michif
☐ Inuktitut
☐ Other _____