



**RIVERBEND COMMUNITY SCHOOL**  
**STUDENT REGISTRATION FORM**  
**2019-2020 OJIBWE BILINGUAL PROGRAM**

Kindergarten: Please indicate your preference. AM \_\_\_ or PM \_\_\_  
 No commitment can be made at this time.

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.

**Student's Information (Please Print)**

LEGAL Surname: \_\_\_\_\_ LEGAL First Name: \_\_\_\_\_ LEGAL Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Box #, Group #, RR#: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Male  Female  Gender (If applicable) \_\_\_\_\_

Grade Level: \_\_\_\_\_ Birthdate: (Month/Day/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone: \_\_\_\_\_ Unlisted? Yes  No

Transfer From: (School, City, Province) \_\_\_\_\_

Are you a resident of 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? \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_

Permanent Resident Number \_\_\_\_\_

**Guardians: (List in order of priority to call.)**

1. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Legal Guardian? Yes  No  Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

2. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Legal Guardian? Yes  No  Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

3. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Legal Guardian? Yes  No  Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**CUSTODY:** Are there any legal restrictions to this child? Yes  No  (A copy of legal documents must be on file at school.)

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor: \_\_\_\_\_ MB Medical: Personal #: (9 digit) 

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 Family #: (6 digit) 

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Doctor Phone Number: \_\_\_\_\_

**Daycare/After School Care**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ or \_\_\_\_\_

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

PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

|                                |   |
|--------------------------------|---|
| <b>Brothers and/or Sisters</b> | Name: _____ Birthdate: _____ Grade: _____ School: _____ |
|                                | Name: _____ Birthdate: _____ Grade: _____ School: _____ |
|                                | Name: _____ Birthdate: _____ Grade: _____ School: _____ |

**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)

**OFFICE ONLY:**  
 If yes to any statement below, turn Medical Alert on and ensure that information is recorded on emergency screen  
 If yes for questions 1 and 2 record as Life Threatening Allergy (i.e. peanuts)

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

**OFFICE ONLY:**  
 If any items have been checked o please forward to Principal.

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.

*For office use only:*

Release of Information sent \_\_\_\_\_ Date \_\_\_\_\_ Received \_\_\_\_\_ Date \_\_\_\_\_

**INDIGENOUS IDENTITY DECLARATION**

The 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 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 Indigenous Identity Declaration for the first time  Am making changes to my child’s Indigenous Identity Declaration  I have already submitted my child’s Indigenous Identity Declaration and have no changes

Is your child an Indigenous 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 Indigenous cultural-linguistic identify? Please select up to two choices:  
 Anishinaabe (Ojibway/Saulteaux)  Ininiw (Cree)  Dene (Sayisi)  Dakota  Oji-Cree  Michif  Inuktitut  Other \_\_\_\_\_