



SEVEN OAKS
SCHOOL DIVISION
community begins here

VICTORY SCHOOL

KINDERGARTEN REGISTRATION FORM 2020-2021

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 INFORMATION SECTION- PLEASE PRINT CLEARLY

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

Male Female Gender (If applicable) _____

Birthdate: (Month/Day/Year) ____ / ____ / ____ Telephone: _____ Unlisted? Yes No

Preferred class (check one)
 AM 9:00-11:30 am PM 1:00 - 3:30 pm
Your preference is not guaranteed.

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

City: _____ Province: _____ Postal Code: _____

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 _____

GUARDIAN INFORMATION SECTION:

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 1: _____ Relationship: _____ Telephone: _____

Emergency Contact 2: _____ Relationship: _____ Telephone: _____

Doctor: _____ MB Medical: Personal #: (9 digit)

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 Family #: (6 digit)

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Phone Number: _____

Daycare/After School Care

Name: _____ Contact: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone Number: _____ or _____

Upon transfer/withdrawal of a student, the pupil file will be forwarded to the next school of attendance.

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

PARENT/GUARDIAN: _____ DATE: _____

Brothers	Name: _____ Birthdate: _____ Grade: _____ School: _____
and/or	Name: _____ Birthdate: _____ Grade: _____ School: _____
Sisters	Name: _____ Birthdate: _____ Grade: _____ School: _____

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 to _____ (i.e. peanuts)

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

OFFICE ONLY:

If any items have been checked off 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 _____