

**KELSEY SCHOOL DIVISION**  
**Student Registration Form (MBCI – Grade 10-12)**

Office Use only		
Placement School: _____	MET #: _____	
Date of Registration: _____	Time of Registration: _____	BUS#: _____
Resident:    ___ Yes    ___ No		

Elementary School Preference 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Kindergarten Program: English Alternate Day \_\_\_\_\_ French Immersion Alternate Day (OP only) \_\_\_\_\_

**Legal Verification-Student must be registered by their legal guardian and must be registered with a copy of a legal document that provides proof of legal name and age. Any of the following documents are acceptable: birth certificate, permanent residency document, Canadian citizenship document, or passport.**

Proof of Residency may also be required.

OFFICE USE ONLY: Document verified, copy on file <input type="checkbox"/>
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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 Kelsey School Division, Box 4700, The Pas, MB, R9A 1R4; Telephone (204)-623-6421.

LEGAL Surname \_\_\_\_\_ LEGAL First Name \_\_\_\_\_

LEGAL Middle Name \_\_\_\_\_ USUAL First Name \_\_\_\_\_

Male  Female  Grade Level \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

ADDRESS STUDENT IS LIVING AT:

House# \_\_\_\_\_ Apt.# \_\_\_\_\_ Civic Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing address if different from address above:		
Post Office Box # _____	Street Address _____	City/Town _____
Province _____	Postal Code _____	

Language spoken at home: \_\_\_\_\_ Treaty # \_\_\_\_\_ Band \_\_\_\_\_

Student Lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
(specify)

Primary E-mail Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ MB Medical # (9 digit): \_\_\_\_\_

Last school attended: \_\_\_\_\_

FIRST PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (check one)	Emergency Contact Order _____ Please indicate by #
Surname _____	
First Name _____	Mr./Mrs./Ms./Dr. _____
Relationships to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather Other: Please specify: _____	
Address of First Parent or Guardian (if different from student):	
Address: _____	
City: _____	Province: _____ Postal Code: _____
Home Phone _____	Work Phone _____ Extension _____ Employer _____
Other Phone _____	E-Mail _____

SECOND PARENT  GUARDIAN  (check one) Emergency Contact Order \_\_\_\_ Please indicate by #

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Mr./Mrs./Ms./Dr. \_\_\_\_\_

Relationships to Student:  Father  Mother  Stepmother  Stepfather Other: Please specify: \_\_\_\_\_

Address of First Parent or Guardian (if different from student):

Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Employer \_\_\_\_\_

Other Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

THIRD PARENT  GUARDIAN  (check one) Emergency Contact Order \_\_\_\_ Please indicate by #

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Mr./Mrs./Ms./Dr. \_\_\_\_\_

Relationships to Student:  Father  Mother  Stepmother  Stepfather Other: Please specify: \_\_\_\_\_

Address of First Parent or Guardian (if different from student):

Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Employer \_\_\_\_\_

Other Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

FOURTH PARENT  GUARDIAN  (check one) Emergency Contact Order \_\_\_\_ Please indicate by #

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Mr./Mrs./Ms./Dr. \_\_\_\_\_

Relationships to Student:  Father  Mother  Stepmother  Stepfather Other: Please specify: \_\_\_\_\_

Address of First Parent or Guardian (if different from student):

Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Employer \_\_\_\_\_

Other Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Are there other family circumstances you wish to bring to the school's attention? i.e. shared custody arrangements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alternate Emergency Contact**

An "alternate emergency contact person" is someone other than the student's parent or guardian who would be available in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Medical Questionnaire – please complete the following. Specify “yes” if doctor diagnosed.**

Family Doctor \_\_\_\_\_

- 1. Life Threatening Allergy YES  NO
- 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. Eye Problems YES  NO  Prescribed eyeglasses \_\_\_\_\_
- 9. ADHD YES  NO  Prescribed medication \_\_\_\_\_
- 10. Mental Health YES  NO

Other significant conditions that are doctor diagnosed (ie. ulcerative colitis, Crohns, transplants, spina bifida, permanent physical limitations) \_\_\_\_\_

This medical information is being collected so that appropriate health care plans may be developed and may be necessary to obtain funding. 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 Kelsey School Division, Box 4700, The Pas, MB, R(A 1R4, Telephone (204)623-6421.

Office Use: URIS FORM completed: \_\_\_\_Yes \_\_\_\_No

**SIBLING INFORMATION**

Do you have other children attending KSD schools? Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

**CITIZENSHIP or IMMIGRANT STATUS**

Is the named student a Canadian citizen? Yes \_\_\_\_ No \_\_\_\_ birth country, if not Canada \_\_\_\_\_

Citizenship, if not Canadian:

\_\_\_\_ Permanent Resident/Landed Immigrant      \_\_\_\_ Refugee Claimant

\_\_\_\_ Child of a Canadian Citizen      \_\_\_\_ Child of a lawfully admitted permanent or temporary resident

**ENGLISH AS SECOND LANGUAGE (ESL) ELIGIBILITY**

A student may be eligible for ESL support when the language spoken mainly at home is a language other than English.

Do you think your child would benefit from ESL support? \_\_\_\_Yes \_\_\_\_No

Language mainly spoken at home \_\_\_\_\_

**CANADIAN ANTI-SPAM LEGISLATION**

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch program, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature? Yes \_\_\_\_ No \_\_\_\_

**Note: You will continue to receive electronic messages on all other school matters.**

### Information Releases:

The information collected on this form as part of the school registration process is personal information as referred to in the *Freedom of Information and Protection of Privacy (FOIP) Act*. This personal information is collected pursuant to the provisions of the Manitoba Public Schools Act and its regulations, and pursuant to the Section 32 of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment. The *FOIP Act* requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act. This includes many activities that are part of normal school community interaction and health considerations such as:

- 1) Individual photos that are taken;
- 2) Photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and buses;
- 3) Class team photos that are taken and used within the school;
- 4) Student name and description of activities that are used in the school newsletter and other school communication;
- 5) Student name, photograph and write-up that are included in school yearbook (if one is produced);
- 6) Student names that are included in an honour roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
- 7) Media photographs or videos of classrooms and school activities, where individual students cannot be identified, may be taken and used by the media;
- 8) Student names that are used on artwork, written material, or other items to be displayed in the school;
- 9) The use of student names, related contact information and phone numbers;
- 10) The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the Board applies on a student's behalf;
- 11) Immunization programs and visual, dental, hearing screening tests;
- 12) Enabling Parent Advisory Councils to communicate with parents;
- 13) Other similar activities within the school.

### In addition, I grant the school permission to: (check each one you agree to)

1.  Permission is granted to the school to release addresses and phone numbers to school related groups such as band boosters, graduation committee, etc.
2.  Photographs or videos taken by or sent into the media or any other organization where individual students are identified or instances where students are interviewed.
3.  Photographs or videos taken by the Division where the material will be used outside of the school.

### Aboriginal Identity Declaration

#### 1. Authorization and Statement of Understanding

*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.)*

#### 2. Annual Declaration –

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
- Have already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.

#### 3. Harmonization of Aboriginal Self-Identification –

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?

Note: First Nations (North American Indian) includes 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, Métis
- Yes, Inuk (Inuit)

#### 4. Linguistic and cultural groups – there are seven cultural/linguistic groups to choose from. Respondents may indicate up to two choices. 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: \_\_\_\_\_

