

EVERGREEN SCHOOL DIVISION STUDENT REGISTRATION FORM

This personal information, or personal health information, is being collected under the authority of the Evergreen School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act*. If you have any questions about the collection, contact the Evergreen School Division at (204) 642-6260.

<input type="text"/> School	<input type="text"/> School Year	<input type="text"/> Previous Schools Attended (if outside the Division)
<input type="text"/> Legal Surname	<input type="text"/> Physical Address (Street Address)	
<input type="text"/> Legal First Name	<input type="text"/> Legal Middle Name(s)	<input type="text"/> Mailing Address
<input type="text"/> Preferred Names	<input type="text"/> Postal Code	<input type="text"/> Home Telephone Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="text-align: center;" type="text"/> / / Birth Date (M / D / Y)	<input type="text"/> Grade Level

Proof of Age Confirmed (e.g. Birth Certificate)

Resident of Evergreen School Division. **If not, please complete School of Choice form**

FIRST CONTACT

<input type="text"/> Parent (Custodian) Legal Surname / First Name	
<input type="text"/> Parent's Physical Address (please do not use Section/Township/Range)	
<input type="text"/> Parent's Mailing Address (if different from above)	
<input type="text"/> Work Telephone Number	<input type="text"/> Cell Number
<input type="text"/> Home Telephone Number	<input type="text"/> Relationship to Student
<input type="text"/> E-Mail	

SECOND CONTACT

<input type="text"/> Parent (Custodian) Legal Surname / First Name	
<input type="text"/> Parent's Physical Address (please do not use Section/Township/Range)	
<input type="text"/> Parent's Mailing Address (if different from above)	
<input type="text"/> Work Telephone Number	<input type="text"/> Cell Number
<input type="text"/> Home Telephone Number	<input type="text"/> Relationship to Student
<input type="text"/> E-Mail	

Student resides with:

- | | |
|---|---|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Foster Parents | <input type="checkbox"/> Other: _____ |

If your child is a foster child, please provide:

Agency: _____
 Address: _____
 Worker's Name: _____
 Telephone Number: _____ Fax Number: _____

Custody:

- | | | | |
|--------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Joint | <input type="checkbox"/> Mother only | <input type="checkbox"/> Father only | <input type="checkbox"/> Legal Guardian |
|--------------------------------|--------------------------------------|--------------------------------------|---|
- Guardianship:**
- | | | | |
|--------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Joint | <input type="checkbox"/> Mother only | <input type="checkbox"/> Father only | <input type="checkbox"/> Legal Guardian |
|--------------------------------|--------------------------------------|--------------------------------------|---|

The named has been denied access by court order:

If no court order is provided, custody and guardianship will be marked as joint.

Copy of legal document on file at school

If not a Canadian citizen, are you a:

- Student Authorization with Landed Immigrant Status Student Authorization without Landed Immigrant Status
 Refugee Visa Student

Date Entered Canada: (M / D / Y) ____ / ____ / ____

Student's First Language: English Other: _____

BROTHERS & SISTERS (in order of age – preschool and school age)

Gender	First Name / Surname	Date of Birth (M / D / Y)	School

MEDICAL INFORMATION

Student's Personal Health Identification Number (9 digit)

Medical Conditions / Restrictions (Please list any medical conditions, allergies, physical disabilities or medication taken)

It is the responsibility of parents/guardians to notify the school immediately of any health factors of which the school should be aware.

EMERGENCY CONTACT – in area (someone other than parents/guardians)

First Name / Surname (Primary Contact after parents/guardians)

Telephone Number Cell Number

First Name / Surname (Alternate Contact)

Telephone Number Cell Number

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

EMERGENCY BILLET

For all K – Grade 12 Students

In all extreme emergencies when buses cannot leave, all bus students will be kept at the school or billeted with town students.

First Name / Surname (Primary Contact after parents/guardians)

Telephone Number Cell Number

First Name / Surname (Alternate Contact)

Telephone Number Cell Number

STUDENT SERVICES

Are any of following services being provided to your child (or have been in the past):

- None Occupational / Physiotherapy Resource Teachers
 Psychiatry Speech Language Pathologist Mental Health
 Educational Assistant Behaviour Program/Plan Counsellor
 Gifted Program Psychology Level 2 or 3 Funding
 Social Worker Other: _____

If so, please complete an Authorization of Release of Information Form.

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 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 division to plan, deliver and improve programs.

Please put a check mark in the box that applies to your child:

Treaty Number: _____

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.

Is your child an Indigenous person, that is, First Nation (North American Indian), Metis or Inuk (Inuit)? If "Yes," check the box(es) that best describe(s) your child now (note: First Nation include Status and Non-Status Indians):

- Yes, First Nation Yes, Metis Yes, Inuk (Inuit)

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

- Anishinaabe (Ojibway/Saulteaux) Inineew Dene (Sayisi) Dakota
- Oji-Cree Michif Inuktitut Other _____
(Please indicate)

Indigenous Education is a priority for Evergreen School Division and for Manitoba Education & Early Childhood Learning. One of the most commonly shared Indigenous Education experiences in Manitoba Schools is the First Nation tradition of Smudging. Smudging is a tradition which involves the burning of traditional medicines. The most commonly used are sweetgrass, sage and cedar.

Your child may be invited to participate in smudging at school from time-to-time throughout the school year.

"Smudging is always voluntary. People should never be forced or pressured to smudge. It is completely acceptable for a person to indicate that he/she does not want to smudge and that person may choose to stay in the room and refrain or leave the room during a smudge. Respect for all is the guiding principle in any Indigenous tradition."

(https://www.edu.gov.mb.ca/iee/publications/pdf/smudging_guidelines.pdf)

If you have any questions or require more information, please contact the school.

To participate in smudging, this consent form must be completed and returned to the school.

Please sign the bottom portion of this form.

I grant _____ permission to (check one box, below):
(Student's Name)

- Participate in smudging at the school.
- Only observe smudging at the school.
- Leave the room during the smudging event.

Comments: _____

Parent(s)/Guardian(s) Name: _____

Signature: _____

PERMISSION

I hereby authorize the Evergreen School Division to:

- 1. Release my child's name and/or picture and/or school work in situations that are school-approved, to include by not limited to media, school newsletters, award, sports teams, school web page:

Yes No

- 2. Allow my child to participate in supervised activities off school property, but within the school's community.

Yes No

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

Date

Parent/Guardian Signature

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

OFFICE USE ONLY:
(if required)

<input type="checkbox"/> Release of Information form provided	<input type="checkbox"/> Proof of Age copied
<input type="checkbox"/> URIS form provided (and relevant Health Care Plans)	<input type="checkbox"/> School of Choice form provided
<input type="checkbox"/> Custody documents copied	<input type="checkbox"/> Citizenship documents copied