



Pine Creek School Division Registration Form

School Name: Gladstone Elementary

Last School Attended: _____

Registration for Grade: _____

Resident of Pine Creek School Division: Y / N if No, specify School Division: _____

PLEASE PRINT

STUDENT INFORMATION:

Student Legal Name: _____

Name Known by: _____

Gender as Identified on Birth Certificate: _____

A copy of student's birth certificate must be in cumulative file.

Date of Birth (MM/DD/YYYY): _____

Address (Street or Quarter/ Section/ Township/ Range): _____

P.O. Box: _____ **City/ Town:** _____ **Postal Code:** _____

Citizenship: _____ **If not a Canadian citizen, please indicate below:**

Permanent Resident Refugee Visa Student **Date Entered Canada:(M/D/Y):** _____

Home Phone Number: _____ **Student Cell Number:** _____

Emergency Contact Name (Other than Parent/ Guardian):: _____

Emergency Contact Phone No: _____

Billet contact if Bus Student: _____

Billet Phone No: _____

PARENT/ LEGAL GUARDIAN AND CONTACT INFORMATION:

Student Lives with: Both Parents Mother Father Legal Guardian Foster Parent

Shared Custody **Other:** _____

Custody: Are there any custody documents related to this child? **Yes** (a copy of legal documents must be filed in the school) **No**

<p>Mother's Name: _____</p> <p>Address (if different from Student): _____</p> <p>Postal Box: _____ City/ Town: _____</p> <p>Province: _____ Postal Code: _____</p> <p>Employer: _____</p> <p>Home Phone: _____ Work Phone: _____</p> <p>Cell No: _____</p> <p>E-mail: _____</p>	<p>Father's Name: _____</p> <p>Address (if different from student): _____</p> <p>Postal Box: _____ City/ Town: _____</p> <p>Province: _____ Postal Code: _____</p> <p>Employer: _____</p> <p>Home Phone: _____ Work Phone: _____</p> <p>Cell No: _____</p> <p>E-mail: _____</p>
<p>Legal Guardian: _____</p> <p>Address: _____</p> <p>Postal Box: _____ City/ Town: _____</p> <p>Province: _____ Postal Code: _____</p> <p>Agency: _____</p> <p>Home Phone: _____ Work Phone: _____</p> <p>Cell No: _____</p> <p>E-mail: _____</p>	<p>Foster Parent: _____</p> <p>Address: _____</p> <p>Postal Box: _____ City/ Town: _____</p> <p>Province: _____ Postal Code: _____</p> <p>Employer: _____</p> <p>Home Phone: _____ Work Phone: _____</p> <p>Cell No: _____</p> <p>E-mail: _____</p>

SIBLINGS:

No.	Name	Date of Birth (M/D/Y)	No.	Name	Date of Birth (M/D/Y)
1.			2.		
3.			4.		

ABORIGINAL IDENTITY DECLARATION

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 is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)

1. 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
- Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.

2. 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 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)

3. 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: _____

HEALTH INFORMATION

This health information is being collected so appropriate healthcare plans may be developed. The data will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act.

MB Medical: Student PHIN (9 Digit) _____

Family Doctor: _____ **Telephone:** _____

Family Dentist: _____ **Telephone:** _____

Does this student have medical restrictions or allergies? Yes ___ No ___

If yes, indicate which of the following conditions apply to your child:

Health / Physical Problems	Current Diagnosis	Current Medication	Type of Medication/Comments
1. Life Threatening Allergies	Yes	Yes	
2. Prescribed an Epipen	Yes	Yes	
3. Asthma	Yes	Yes	
4. Diabetes	Yes	Yes	
5. Seizures/ Convulsions/ Epilepsy	Yes	Yes	
6. Heart Condition	Yes	Yes	
7. Bleeding Disorders	Yes	Yes	

8. Check those health/physical problems that are applicable to your child:

- Vision Prescribed Eyeglasses Hearing Speech
 Muscle/Joint Crutches/Walker Wheelchair

9. Other significant procedures that are physician ordered: (Please check)

- Ventilation Care Tracheostomy Care Suctioning Nasogastric Tube Care and/ or Feeding
 Complex Administration of Medication Central or Peripheral Venous Line Intervention
 Catheterization Gastronomy Care Emptying an Ostomy Bag and/or Changing an Established Appliance

10. Other significant conditions that are physician diagnosed (e.g. Ulcerative Colitis, Crohn's, Transplants, Spina Bifida, Permanent Physical Limitation) or medications that are physician prescribed:

I authorize the school to display my child's:

- Name Photos School Work Samples Videos

IN

- School Newsletters School Websites Media

PARENT/GUARDIAN CERTIFICATION: This is to certify that the information on this form is complete and accurate.

Certified Correct

 Signature of Parent/Legal Guardian

 Date

This is personal information that is being collected under the authority of The Public Schools Act and Pine Creek School Division policy and will be used for purposes of divisional administration and the delivery of programming to our students. 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 division's Secretary Treasurer at Box 420 Gladstone MB R0J 0T0 (204)385-2216.

FOR SCHOOL USE ONLY:

Birth Certificate (MM/DD/YYYY): _____

 Verification Signature