



MOUNTAIN VIEW SCHOOL DIVISION

STUDENT REGISTRATION FORM

OFFICE USE

MET #:

☐ Cum File Requested ☐ School of Choice Form

This personal information is being collected under the authority of the Public Schools Act and/or the Education Administration Act and will be used for the purpose of educating your child. 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, please contact your school. The Division expressly prohibits release of class lists to any group or individual other than the Department of Education and the regional health authority (Prairie Mountain Health).

SCHOOL INFORMATION:

Current School Name: _____ School Bus: ☐ Rural ☐ In-Town ☐ None
 School Year: _____ Enroll in Grade: _____ Previous Grade: _____ Bus # and/or Driver Name: _____
 Previous School Name: _____ Homeroom Teacher: _____
 Previous School Address: _____ Previous School Phone: _____

STUDENT INFORMATION:

Legal Name: _____
(Last Name) (Given Names)
 Usual Name: _____
 Home Phone #: _____ ☐ Unlisted
 Student Email: _____ Student Cell #: _____
 Physical Address: _____
(Apartment/Street Number & Name if in Town/City, or Section/Township/Range if Rural) (Municipality, if Rural)
 Mailing Address: _____
(if different from above) (e.g.: RR #, Comp #, or Box #) (Town/City) (Postal Code)
 Copy of Birth Certificate Provided: ☐ Yes ☐ No
(Kindergarten Only)
 Birthdate (mm/dd/yyyy): _____
 Gender Identity: _____
 Student Resides With (check one only):
☐ Both parents in same household ☐ Parents Alternately
☐ Mother Only ☐ Father Only ☐ Legal Guardian
☐ Foster Parents ☐ Other: _____

LEGAL CUSTODY INFORMATION: (For the protection of your child, legal documentation must be on file at the school if there are any custody restrictions.)

Select one only:
☐ Joint
☐ Mother Only ☐ Father Only
☐ Legal Guardian
 The following person(s) has/have been denied access by court order:

☐ copy of legal document on file at school
☐ Child is in care of Child and Family Services
 If yes, Agency Name: _____
 Agency must complete a [School Registration Form - Children in Care](#) from Healthy Child Manitoba

PARENT/LEGAL GUARDIAN/FOSTER PARENT INFORMATION:

* A parent refers to a biological or adoptive parent. A legal guardian is one who has been appointed as guardian and awarded letters of guardianship by the Court of Queen's Bench.

<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
Legal Name: _____ <small>(Last Name) (Given Names)</small>			Legal Name: _____ <small>(Last Name) (Given Names)</small>		
Relationship to Student: _____			Relationship: _____		
Mailing Address: <input type="checkbox"/> same as student, or: _____			Mailing Address: <input type="checkbox"/> same as student, or: _____		
Home Phone Number: <input type="checkbox"/> same as student, or: _____			Home Phone Number: <input type="checkbox"/> same as student, or: _____		
Other Phone Numbers: _____ <small>(Daytime/Work Phone) (Cell Phone)</small>			Other Phone Numbers: _____ <small>(Daytime/Work Phone) (Cell Phone)</small>		
E-mail: _____			E-mail: _____		
Employer Name: _____			Employer Name: _____		

SIBLING INFORMATION: (Please list siblings who are of preschool and school age.)

	<u>Names of Brothers & Sisters (in order of age)</u>	<u>Gender Identity</u>	<u>Date of Birth (mm/dd/yyyy)</u>	<u>School Attending</u>	<u>Grade</u>
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

MEDICAL INFORMATION:

Manitoba Health PHIN (Personal Health Identification Number – 9 digits):

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Please complete the attached **URIS Application Form** to inform the school of your child's health care needs.(e.g., life-threatening allergies, asthma, heart condition, bleeding disorder, seizures, medication, etc.) This form is also available online at www.mvscd.ca/registration.Does your child have a **non**-life-threatening allergy? ☐ No ☐ Yes

If yes, please describe:

If your child requires medications to be administered at school, please complete an **Administration of Prescribed Medication Form** (MVSD Procedure #10.3), available from your local school or online at www.mvscd.ca/registration.**EMERGENCY CONTACT INFORMATION: (for use in case of emergency, when the parent/guardian cannot be reached)**

	Name	Relationship to Student	Daytime/Work Phone #	Cell Phone #
1				
2				

Should your son/daughter/custodial child become seriously ill or injured at school, or while on a school-related activity, school personnel will make every effort to notify you and to ask for your instructions. Where you cannot be contacted or where the seriousness of the illness or injury does not permit delay, school personnel will arrange to transfer your son/daughter/custodial child to the nearest medical facility for emergency treatment.

INCLEMENT WEATHER BILLET INFORMATION:

(Please name a responsible individual who would be available to pick up and accommodate your child in the event of inclement weather. It is important that the individual named is available at the times of the year when they may be required.)

Name: _____

Address: _____

Phone Numbers: _____

(Daytime/Work Phone) (Cell Phone)

CHILDCARE INFORMATION:

Provider: ☐ Daycare ☐ Babysitter

Name: _____

Address: _____

Phone #: _____

Can pick up child? ☐ Yes ☐ No

ABORIGINAL IDENTITY DECLARATION – VOLUNTARY & OPTIONAL (If your child is Aboriginal and you wish to declare his/her identity, please complete this section):

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.)

Annual Declaration:

- ☐ I am submitting my child's Aboriginal Identity Declaration for the first time
- ☐ I am making changes to my child's Aboriginal Identity Declaration
- ☐ I already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time

Aboriginal Self-Declaration:

Is your child an Aboriginal person, that is, First Nation (North American Indian), Metis, 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, Metis ☐ Yes, Inuk (Inuit)

Linguistic and Cultural Groups:

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

- ☐ Anishinaabe (Ojibway/Saulteaux)
- ☐ Ininiw ☐ Oji-Cree
- ☐ Dene (Sayisi) ☐ Michif
- ☐ Dakota ☐ Inuktitut
- ☐ Other (specify): _____

AUTHORIZATIONS:**I hereby authorize Mountain View School Division to:**

- Provide my name, phone number and e-mail address to the MVSD International Student Program so that I may be contacted for the purposes of becoming a homestay family. More information about the program may be found at www.mvscd.ca/isp. ☐ Yes ☐ No
- Provide my name, phone number and e-mail address to the school's Parent Council organization so that I may be contacted for special functions and activities that are carried out by the Parent Council (e.g., school lunch sales, fundraisers, patrol lunches, crafts at lunch). ☐ Yes ☐ No
- Send electronic messages (e.g., e-mail, text) to me such as newsletters, school and Division updates, announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, tickets, or similar events and offers. (I understand that at any time, I may unsubscribe from receiving electronic messages from the School and/or Division.) ☐ Yes ☐ No
- Use photos which include my child as a part of a group photo, action photo or video clip (e.g., sports teams, concerts, special events, classroom photos), for the purposes of school and divisional publications (e.g., brochures, reports, newsletters). Individual head and shoulder photos of my child may only be used with a signed permission form for each photo, and only the first name shall be used. * ☐ Yes ☐ No
- Use photos which include my child as a part of a group photo, action photo or video clip, for posting on school and divisional websites, social media platforms or used in electronic presentations. Individual names may not accompany the photo. * ☐ Yes ☐ No
- Allow my child to participate in media coverage, including interviews and/or photos/videos (e.g., classroom events). This consent does not apply to images of students taken in the public arena, such as at sporting events, concerts or any other public event. * ☐ Yes ☐ No

* For more information on the use of photos and media coverage, please see the MVSD Procedure #4.30 - Acceptable Use Policy, Information & Communication Technology (ICT), available at www.mvscd.ca/policy.

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

Parent/Guardian (Print Name)

Parent/Guardian (Signature)

Date

Please notify the school of any changes to your child's information that may occur throughout the school year.