



School District of Mystery Lake

RD Parker Collegiate

Student Registration



Learners Today, Leaders Tomorrow!

Success for All

This personal information, or personal health information, is being collected under the authority of the School District of Mystery Lake 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.

Date: _____ Registering for Grade: _____

Previous School: _____ # of Credits: _____

Legal Name: _____ / _____ / _____
(As per Birth Certificate) Last Name First Name Middle Name(s)

Home Address: _____ Postal Code: _____

Gender: _____ Date of Birth: MM / DD / YYYY Home phone #: _____

Treaty #: _____ Band: _____ Sponsor: (if applicable) _____

Child's FIRST Language(s) spoken at home: English French Other _____

Where the child resides during school year

Mother/guardian Legal name: _____ Email: _____

Address: _____ Cell #: _____

Employer: _____ Work #: _____

Father/guardian Legal name: _____ Email: _____

Address: _____ Cell #: _____

Employer: _____ Work #: _____

Student lives with: parents mother father houseparent other _____

Name of person(s) who have LEGAL custody: _____

**please provide documentation as necessary*

In care of CFS (Child & Family Services): yes no

Case worker: _____ Phone: _____

Agency: _____ Email: _____

Emergency Contact: (other than parents) _____ Relationship: _____

Cell #: _____ Home #: _____ Work#: _____

Emergency Contact: (other than parents) _____ Relationship: _____

Cell #: _____ Home #: _____ Work#: _____

Residency Status

- Canadian Citizen Birth Country (if not Canada) _____
- Landed Immigrant Federally Funded Visa Student Visa Expiry Date: _____
- Refugee Arrival date in Canada _____

Aboriginal Identity

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.)

I _____, (name of parent/guardian):

- 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.

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)

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

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | (100) | <input type="checkbox"/> Ininiw (Cree) | (110) |
| <input type="checkbox"/> Dene (Sayisi) | (120) | <input type="checkbox"/> Dakota | (130) |
| <input type="checkbox"/> Oji-Cree (inc. Island Lake Dialect) | (140) | <input type="checkbox"/> Michif | (240) |
| <input type="checkbox"/> Inuktitut | (310) | <input type="checkbox"/> Other – _____ | (400) |

Support Services *(Information is being collected so that appropriate educational services may be provided for your son/daughter. This information is protected by the Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.)*

_____ Resource _____ Counselor _____ Reading _____ Psychologist

_____ Speech and Language _____ Psychiatrist _____ Physiotherapy _____ Social Worker

_____ Occupational Therapy Other _____

If any services above are (x), please complete details below.

Name of Agency/Support Service _____

Name of Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

Undertakings/Protection orders/Probation orders

Is there a current Undertaking, Protection order or Probation order for this student? Yes No

Has a copy been provided to the Principal? Yes No

Brothers and Sisters (in order of age-preschool & school age)

GENDER	FIRST NAME/SURNAME	DATE OF BIRTH	SCHOOL

Local Field Trip Release

- Yes, I will allow my child to participate in supervised activities off school property but within Thompson (or myself if 18 years of age)
- No, I will not allow my child to participate in supervised activities off school property but within Thompson (or myself if 18 years of age)

Permission to display student photos in print and electronically

After reading information provided;

- Yes, I will allow images and the address of my child to be used as described (or myself if 18 years of age)
- No, I will not allow images and the address of my child to be used as described (or myself if 18 years of age)

Permission given will be in effect as long as the child is a registered student of the School District of Mystery Lake. It is the responsibility of the parents/guardians to notify the school if circumstances change.

Student Technology Use Pledge

In the School District of Mystery Lake, technology helps students learn. Therefore, I pledge:

1. I will never use the computer to threaten, bully or talk badly about someone else.
2. I will never try to download and install computer programs or games.
3. I will use only my own log-in name and password and nobody else's. I will keep my log-in name and password a secret from everyone except my teacher.
4. I will always log-off properly so others cannot misuse my account.
5. I will always ask permission before I enter any web site unless my teacher has already given me permission.
6. I will never damage computer equipment and I will tell my teacher if I notice any damage to the computer. If I damage or steal computer equipment I may be asked to pay replacement costs.
7. I will not look at, or delete other people's files.
8. I will always follow copyright and give credit if I am using someone else's words, images or ideas.
9. I will only send appropriate e-mail messages as assigned/requested by my teacher.
10. I will keep my personal information (name, home address, school name, school address, phone number, picture) private when I use the Internet.
11. I will tell my teacher immediately if I see anything on my computer or iPad that I am unhappy seeing, if I receive messages I do not like or if someone asks to meet me while I am online.
12. I know that my teacher may check my computer files. I know that a record of the Internet sites I visit is kept.
13. I know that if I deliberately break any of these rules, I can be stopped from using technology at school.

Student Signature: _____

Manitoba Health Registration # (6 digits) _____ PHIN # (9 digits) _____

Family Doctor: _____ Doctor's Phone Number: _____

Health Needs – check all that apply

- Allergies Yes No (If yes, specify) _____
 - Life Threatening Allergy** Yes No
 - Requires EpiPen** Yes No
 - Epi-pen carried by student Yes No
 - Extra epi-pen stored at school Yes No
- Asthma** Yes No
 - Prescribed an inhaler Yes No
 - Inhaler carried by student Yes No
 - Extra inhaler stored at school Yes No
- Diabetes** Yes No
 - Insulin Dependent Yes No
 - Prescribed an auto-injector Yes No
 - Auto-injector carried by student Yes No
 - Extra auto-injector stored at school Yes No
- Bleeding Disorder** Yes No
 - Prescribed medication Yes No
- Cardiac Condition** Yes No
 - Prescribed medication Yes No
- Seizure Disorder** Yes No
 - Prescribed medication Yes No
- Hearing Aides Yes No
- Corrective Lenses Yes No
- Medications Yes No
 - Self-medicating Yes No
 - Needs help medicating Yes No
 - Medications stored at school Yes No
 - Circumstances under which medication is to be given (please also complete procedure 1.B.140): _____
- Other Diagnoses Yes No (If yes, specify) _____

If you answered "yes" to any highlighted, italicized health needs above, please also complete a URIS form.

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

I certify that the information submitted in this application is true and correct to the best of my knowledge.

Parent/Legal Guardian Signature

Date

Authorization for admittance _____ Details _____	<input type="checkbox"/> ENTERED INTO CIMS <input type="checkbox"/> SCANNED <input type="checkbox"/> ADDED TO FOLDER <input type="checkbox"/> CREDITS <input type="checkbox"/> PROOF OF LEGAL NAME <input type="checkbox"/> PROOF OF RESIDENCE <input type="checkbox"/> MED ALERT IF URIS
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