

FOR OFFICE USE ONLY

Home Room #: _____
 Advisor: _____
 Counsellor: _____
 Case Manager: _____

Student Fees Paid: Yes No
 Catchment: In Out

EAL ISP
 Mature Student Schools of Choice
 Previous Grad MITT
 URIS

A. SCHOOL INFORMATION

School Name: _____

For Grade: _____ Kindergarten A.M. Kindergarten P.M.

Program: _____ English French Immersion

B. STUDENT INFORMATION

Name: _____
Surname First Middle

Name Known By: _____ *Birth Date: _____
(Day/Month/Year)

Gender: Male Female Lives on Own (age of majority): Yes No

Student Address: _____
Street Address City/Province Postal Code

Phone: _____ Unlisted
Primary Contact # Student Cell #

Pembina Trails Resident: Yes No Language(s) Spoken at Home: _____

Previous School Attended: _____
School Name City/Province Previous Grade

*A birth certificate and proof of residency (e.g. mortgage, rental agreement, utility bill) is required for registration.
 *Should the student identify as a different gender, please contact school administration.

C. PARENT/LEGAL GUARDIAN INFORMATION

<input type="checkbox"/> Student Lives With	<input type="checkbox"/> Student Lives With	<input type="checkbox"/> Student Also Lives With
*Relationship to Student: _____	*Relationship to Student: _____	
Name: _____	Name: _____	
Address: _____ <small>Street Address City/Province Postal Code</small>	Address: _____ <small>Street Address City/Province Postal Code</small>	
Work Phone: _____ <input type="checkbox"/> Unlisted	Work Phone: _____ <input type="checkbox"/> Unlisted	
Home Phone: _____ <input type="checkbox"/> Unlisted	Home Phone: _____ <input type="checkbox"/> Unlisted	
Cell Phone: _____	Cell Phone: _____	
Email Address: _____	Email Address: _____	

*A Legal Guardian is one who has been appointed as Guardian and awarded letters of guardianship by the Court of Queen's Bench of the Province of Manitoba

D. LEGAL CUSTODY INFORMATION (Please provide documentation as necessary)

Joint Mother Father *Appointed Guardian *Agency _____

*Joint Custody pertains to those parents who have legal agreements in place for child custody

E. EMERGENCY CONTACT INFORMATION (Persons other than legal guardians)

Relationship to Student: _____ Relationship to Student: _____
Name: _____ Name: _____
Work Phone: _____ Unlisted Work Phone: _____ Unlisted
Home Phone: _____ Unlisted Home Phone: _____ Unlisted
Cell Phone: _____ Cell Phone: _____

F. RESIDENCY STATUS (Please provide documentation as necessary)

Canadian Citizen Country of Birth (if not Canada): _____ Immigration Date: _____
(Day/Month/Year)
Parental Status: Is at least one (1) parent a Canadian Citizen? Yes No
 Permanent Resident Date Permanent Residency Granted: _____
(Day/Month/Year)
 Inbound Foreign Exchange (210) Agency: _____
 Visa Student (190) Visa Expiry Date: _____
(Day/Month/Year)
 Band Sponsored (340) Name of the Band: _____

G. ABORIGINAL IDENTITY DECLARATION

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 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 _____ (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 at this time

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 your child now:

- Yes, First Nation (North American Indian)
- Yes, Métis
- 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/Salteaux) Ininiw Dene (Sayisi)
- Dakota Oji-Cree Michif
- Inuktitut Other - please specify _____

H. SIBLING INFORMATION (18 years and under)

Name:	Gender:	Birth Date:	School:
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	

I. MEDICAL INFORMATION

Personal Health Identification No: _____ International Medical #: _____
(9 digit number) (ISP)

Emergency Procedures: If your child should become ill or be injured during the school day, the school will attempt to notify you. In an emergency situation, your child will be taken to a hospital or clinic for emergency treatment. In the event that an ambulance is deemed necessary, the parent/guardian will be billed for this service.

Medical Information/Requirements for Regular Medications: The policy of Pembina Trails School Division discourages administering prescribed medications to any students by any member of staff. Parents/guardians are encouraged to make every effort to care for this part of their child’s health.

Please indicate any health care needs or conditions:

- Asthma Diabetes Seizure Disorder Life-Threatening Allergy (please identify) _____
- Other (please identify) _____

Elaborate on health care needs if necessary: _____

J. PEMBINA TRAILS POLICY AND PRACTICE

The following policies and practices have been reviewed with my child:

- Standard of Behaviour
- Hazing Policy (JICFA) - Senior Years only

The following policies and practices have also been reviewed:

- Attendance Policy (JE)
- Pembina Trails Fair Notice and Practice - Student Threat Assessment Brochure

Student Signature	Date

Parent/Guardian Signature	Date

Grades 5 - 12 only

This personal information is being collected under the authority of The Public Schools Act and the Education Administration Act for school related 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, please contact the Privacy Officer of Pembina Trails School Division. Student information is maintained in the pupil file.