

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

☐ Student Lives With

*Relationship to Student: _____

Name: _____

Address: _____
Street Address City/Province Postal Code

Work Phone: _____ ☐ Unlisted

Home Phone: _____ ☐ Unlisted

Cell Phone: _____

Email Address: _____

☐ Student Lives With ☐ Student Also Lives With

*Relationship to Student: _____

Name: _____

Address: _____
Street Address City/Province Postal Code

Work Phone: _____ ☐ Unlisted

Home Phone: _____ ☐ Unlisted

Cell Phone: _____

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	_____ <small>(Day/Month/Year)</small>	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____

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.

**MEDIA RELEASE FORM
FOR STUDENTS****THIS AGREEMENT IS TO BE COMPLETED BY THE STUDENT AND THE PARENT/GUARDIAN.**

The Pembina Trails School Division recognizes that print, digital media and the internet as well as the news media, provide ideal means to showcase and promote School and Divisional activities and share student work with other students, parents/guardians, staff and the global community.

At the same time however, the Division remains committed to the protection, privacy and safety of all students. For this reason, the Division has established policy KDD (Media Relations and Media Release) for the identification of students and publication of student work.

Identification and publication may take place via photo, print, video, websites or any other divisionally sanctioned online collaboration, sharing or publishing platform, whether accessed through the web, a mobile device, text messaging, email or any other existing or emerging communications platform.

Permission Section

I give permission for my child's photo to be taken by a vendor for the purpose of annual school pictures and yearbook if available.

- ☐ **Yes**
☐ **No**

I give permission for my child's photo to appear in school publications (*i.e. Newsletters, promo-materials and website*).

- ☐ **Yes**
☐ **No**

I give permission for my child's photo to appear in school-based social media (*names of children are not included in any distribution*).

- ☐ **Yes**
☐ **No**

I give permission for my child's photo to appear in school-based social media (*names of children **are** included*).

- ☐ **Yes**
☐ **No**

Student Name: _____ Student Signature: _____

Parent Name: _____ Parent Signature: _____

Date: _____ School Name: _____ School Year: 20 - 20
(Day/Month/Year)

* Once dated and signed this form shall remain in effect for the current school year or until consent is revoked. You may amend this form, or revoke consent at any time by notifying the principal (in writing) of the change.

ONLINE RESOURCES

[Policy Home](#)
[KDD](#)
[KDD-R](#)

THIS AGREEMENT IS TO BE COMPLETED BY THE STUDENT AND THE PARENT/GUARDIAN.

Users who break the rules (Policy IJNDC and Regulation IJNDC-R) will be disciplined, may lose the right to use the computers, and may be suspended from classes or school. By signing this document, users and their parents/guardians consent to the disclosure by The Pembina Trails School Division of certain "personal information" as defined in The Freedom of Information and Protection of Privacy Act (Manitoba), (including the user's name, home address, email address, Pembina Trails School Division, school and any other information) to the appropriate authorities. This may include the school, the Pembina Trails School Division, the user's parents, affected persons or their parents or the police.

Parent Permission Section

As a parent or legal guardian of the minor student signing below, I have reviewed the Acceptable Use Policy with my child, understand and agree to the terms and conditions contained herein. I hereby give permission for my son/daughter to have access to:

- Internet access
- Pembina Trails School Division technology and networks

Parent Name: _____ Parent Signature: _____

Date: _____ School Name: _____ School Year: 20 - 20
(Day/Month/Year)

Students/User Responsibility and Commitment

As a user of the computer network, I agree to follow the rules for computer and internet use. I have read, understand and agree to the terms and conditions contained in this Acceptable Use Policy.

Student Name: _____ Student Signature: _____

Date: _____
(Day/Month/Year)

ONLINE RESOURCES

[Policy Home](#)
[Section I Index](#)

[IJNDC](#)
[IJNDC-R](#)