Success for All	Student Reg		ENTERED INTO CIMS SCANNED ADDED TO FOLDER COURSES PROOF OF LEGAL NAME PROOF OF RESIDENCE MED ALERT IF URIS
used for educational purposes	personal health information, is being co or to ensure the health and safety of t rotection of Privacy Act and The Person	the student. It is protected by the Prot	ool District of Mystery Lake and will be section of Privacy provisions of <i>The</i>
Date:			
Registering for Grade:	Kindergarten – AM	PM Full Day (where	applicable)
Program: English Cr	ree (where applicable) French Ir	mmersion (where applicable)	
Previous School (if any):		F	Phone #:
Legal Name:	/	/	
(As per Birth Certificate)	Last Name	First Name	Middle Name(s)
Home Address:			Postal Code:
Gender:	Date of Birth: <u>M M</u> / D	D / YYYY Home phone #	:
Treaty #:	Band:	Sponsor: (if appl	icable)
Child's FIRST Language(s) spoken at home: 🗌 English	French Other	
Where the child resides			
Mother/guardian Legal r	name:	Email:	
			_Cell #:
Employer:			_Work #:
Father/guardian Legal na	ame:	Email:	
Address:			_Cell #:
Student lives with: p	arents 🗌 mother 🗌 father	other	
Name of person(s) who	have LEGAL custody:		
			documentation as necessary
In care of CFS (Child & Fa	amily Services): 🗌 yes 🗌	no	
Case worker:		Phone:	
Agency:		Email:	
Emergency Contact: (othe	er than parents)		Relationship:
Cell #:	Home #:	Work	t:
Emergency Contact: (othe	er than parents)		Relationship:
Cell #:	Home #:	Work#	t:

Residency Status

\Box Canadian Citizen	Birth Country (if not Canada)		
Landed Immigrant	: 🗌 Federally Funded 🔲 Visa Student Visa Expiry Date:		
□ Refugee Arri	val 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.)

- _ , (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) (090)
- (200)Yes, Metis (300)
- Yes, Inuk (Inuit)

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

Anishinaabe (Ojibway/Saulteaux)	(100)	🗆 Ininiw (Cree)	(110)
Dene (Sayisi)	(120)	🗆 Dakota	(130)
Oji-Cree (inc. Island Lake Dialect)	(140)	Michif	(240)
Inuktitut	(310)	🗆 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 co	mplete details below.					
Name of Agency/Support Service						
Name of Contact person:	Name of Contact person:					
Address: Phone:						
Briefly describe the reason for service:						
Daycare/After School contact:						
Name:		Phone #:				

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

GENDER	FIRST NAME/SURNAME	DATE OF BIRTH	SCHOOL

Local Field Trip Release & Photo/Video Release

Please check off ONE box on EACH line and initial where indicated

🗌 I will	🗌 I will not	allow my child to participate in supervised activities off school property but within Thompson.	Initial
🗆 I will	🗌 I will not	allow my child's photograph to be displayed on the school district/school website.	Initial
🗌 I will	🗌 I will not	allow my child's work to be displayed throughout the school.	Initial
🗆 I will	🗌 I will not	allow my child's pictures, work and video to be displayed within the community ie. Arts Festival, Thompson Citizen, newsletters, cable TV, etc.	Initial

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	, specify)
<mark>Life Threatening Allergy</mark>	\Box Yes \Box No
<mark>Requires EpiPen</mark>	\Box Yes \Box No
Epi-pen carried by student	🗆 Yes 🗆 No
Extra epi-pen stored at school	🗆 Yes 🗆 No
□ <mark>Asthma</mark> □ Yes □ No	
Prescribed an inhaler	🗆 Yes 🗆 No
Inhaler carried by student	🗆 Yes 🗆 No
Extra inhaler stored at school	🗆 Yes 🗆 No
□ <mark>Diabetes</mark> □ 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 ONO	
Prescribed medication	🗆 Yes 🗆 No
□ Cardiac Condition □ Yes □ No	
Prescribed medication	🗆 Yes 🗆 No
□ <mark>Seizure Disorder</mark> □ Yes □ No	
Prescribed medication	🗆 Yes 🗆 No
□ Hearing Aides □ Yes □ No	
□ Corrective Lenses	
□ Medications □ Yes □ No	
Self-medicating	🗆 Yes 🗆 No
Needs help medicating	□ Yes □ No
Medications stored at school	□ Yes □ No
Circumstances under which medicatio	n is to be given (please also complete procedure 1.B.140):

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____