



Success for All

# School District of Mystery Lake

## Student Registration

- Burntwood    Deerwood    Juniper
- Riverside    Wapanohk    Westwood

- ENTERED INTO CIMS
- SCANNED
- ADDED TO FOLDER
- COURSES
- PROOF OF LEGAL NAME
- PROOF OF RESIDENCE
- MED ALERT IF URIS

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: \_\_\_\_\_ Kindergarten – AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day (where applicable) \_\_\_\_\_

Program: English \_\_\_\_\_ Cree (where applicable) \_\_\_\_\_ French Immersion (where applicable) \_\_\_\_\_

Previous School (if any): \_\_\_\_\_ Phone #: \_\_\_\_\_

**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

**Mother/guardian** Legal name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

**Father/guardian** Legal name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

**Student lives with:**  parents  mother  father  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#: \_\_\_\_\_



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

GENDER	FIRST NAME/SURNAME	DATE OF BIRTH	SCHOOL

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**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     Initial  
ie. Arts Festival, Thompson Citizen, newsletters, cable TV, etc.

**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.**

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**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: \_\_\_\_\_

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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 \_\_\_\_\_