FRONTIER SCHOOL DIVISION REGISTRATION

School Name: _____

Grade: _____

Previous School Attended: _____

Student Legal Name

_____
| (Last) | (First) | (Middle) |

Birthdate: _____(m/d/y)   Gender Identity: _____   Home Phone: _____

| Physical Address: | Community: | Province: | Postal Code: |

| Mailing Address: | Community: | Province: | Postal Code: |

*(*A birth certificate & proof of residency (example: Driver's license, MB Health card, Utility bill) is required for registration)*

PARENT / LEGAL GUARDIAN and EMERGENCY CONTACTS

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

Name: _____   Relationship: _____

Has Custody: _____/ Lives With: _____/ Emergency Contact: _____/ Can Pickup: _____

Address: _____

Phone Numbers: _____

Email: _____

Name: _____   Relationship: _____

Has Custody: _____/ Lives With: _____/ Emergency Contact: _____/ Can Pickup: _____

Address: _____

Phone Numbers: _____

Email: _____

Name: _____   Relationship: _____

Has Custody: _____/ Lives With: _____/ Emergency Contact: _____/ Can Pickup: _____

Address: _____

Phone Numbers: _____

Email: _____

Name: _____   Relationship: _____

Has Custody: _____/ Lives With: _____/ Emergency Contact: _____/ Can Pickup: _____

Address: _____

Phone Numbers: _____

Email: _____

Name: _____   Relationship: _____

Has Custody: _____/ Lives With: _____/ Emergency Contact: _____/ Can Pickup: _____

Address: _____

Phone Numbers: _____

Email: _____

Name: _____   Relationship: _____

Has Custody: _____/ Lives With: _____/ Emergency Contact: _____/ Can Pickup: _____

Address: _____

Phone Numbers: _____

Email: _____

LEGAL CUSTODY

☐ Joint   ☐ Mother   ☐ Father   ☐ *Appointed Guardian   ☐ *Agency _____

*Please provide documentation as necessary (Example: CFS Registration from Healthy Child Manitoba)." & "*Joint Custody pertains to those parents who have legal agreement in place for child custody.*

SIBLINGS - 18 Years and Under at Frontier School Division

Name: _____   Birthdate: _____m/d/y   Grade: _____   School: _____

Name: _____   Birthdate: _____m/d/y   Grade: _____   School: _____

Name: _____   Birthdate: _____m/d/y   Grade: _____   School: _____

RESIDENCY STATUS   Current Enrollment Code: _____

Country of Birth: _____   Immigration Date: ____/____/____(m/d/y)

☐ Permanent Resident of Division (100)   Date Permanent Residency Granted: ____/____/____(m/d/y)

☐ Inbound Foreign Exchange (210)   Agency: _____

☐ Regular Supported Temporary Student (190)   Visa Expiry Date: ____/____/____(m/d/y)

☐ Temporary Resident (ISP 390)   Arrival Date in Canada:____/____/____(m/d/y)

☐ First Nation Sponsored (340)

Name of First Nation: _____   Treaty/Status Number:_____

☐ Federally Funded (130)   ☐ Non-resident of any division (0115)

INDIGENOUS IDENTITY DECLARATION

Authorization and Statement of Understanding - Indigenous 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 Indigenous 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, please print clearly):

☐ Am submitting my child's Indigenous Identity Declaration for the first time

☐ Am making changes to my child's Indigenous Identity Declaration

☐ Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

Is your child an Indigenous person, that is, First Nation, Métis, or Inuk?
Note: First Nations include Status and Non-Status Indians
If "Yes", mark the square(s) that best describe(s) your child now:

☐ Yes, First Nation (#090)   ☐ Yes, Métis (#200)   ☐ Yes, Inuk (#300)

Which best describes your child's Indigenous cultural-linguistic identity? Please select from the choices below:

☐ Anishinaabe (Ojibwe/Saulteaux) (100)   ☐ Ininiw (Cree) (110)   ☐ Dene (120)   ☐ Dakota (130)   ☐ Oji-Cree (140)
☐ Michif (240)   ☐ Inuktitut (310)   ☐ Other (400): (please indicate): _____

MEDICAL INFORMATION

Manitoba Medical Registration No (6 digit): _____   Personal Health ID No (9 digit): _____

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 Frontier 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:

☐ Insulin Injector   ☐ Diabetes   ☐ Anaphylaxis   ☐ Seizures   ☐ Epi-pen   ☐ Bronchial Inhaler   ☐ Catheterization

☐ Asthma   ☐ Allergies: (clarify)_____   ☐ Other: (clarify)_____

Elaborate on health care needs if necessary:

_____

_____

If your child has healthcare needs that the school needs to be aware of, you will be required to complete a Unified Referral and Intake System (URIS) Group A and B application forms. These forms are available in the school office.

PERMISSIONS

PHOTOS AND VISITS BY MEDIA: I have reviewed the Frontier School Division Photo Release Form and have signed the Division Release Form. We understand and agree to the terms and conditions stated in this policy.

☐ Yes   ☐ No

TECHNOLOGY ACCEPTABLE USE POLICY F.I.L: I have reviewed the Frontier School Division Use of Information and Communication Technology (ICT) Policy with my child and have signed the Student Responsible Use Agreement for Students. We understand and agree to the terms and conditions stated in this policy.

☐ Yes   ☐ No

OFF-SCHOOL SITE TRIPS: I consent to my son/daughter/custodial child's participation in teacher-planned and supervised school-related programs which occur off-school site and begin and end on the same day that do not require transportation. (I understand I will be informed in advance of all such programs.)

☐ Yes   ☐ No

Please refer to the divisional policies located at www.fsdnet.ca for more information.

Student Signature (Grade 9-12 Only): _____   Date: _____

Parent/Guardian Signature: _____   Date: _____

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. Student information is maintained in the pupil file.