

EAL NEWCOMER PRE-REGISTRATION

Please work with the newcomer family to complete this form at your school. Email the completed form to Dorothy Plett, newcomer reception facilitator, at dplett@retsd.mb.ca.

SCHOOL INFORMATION

School: _____ Date: _____
Contact person: _____
Phone: _____

STUDENT INFORMATION (please fill in one form for each student)

Name: _____
Gender: Legal: Male Female
Preferred (if applicable): Trans male Trans female Two-Spirit Gender non-conforming
Birthdate (mm/dd/yy): _____ Age: _____
Date of arrival in Canada (mm/dd/yy): _____ Country from: _____
Address: _____
Languages spoken: _____

PARENT/GUARDIAN INFORMATION

Name: _____
Name: _____
Phone number(s): _____

CONTACT INFORMATION

If you have a sponsor, family member or settlement counsellor who helps you arrange meetings, please provide his or her information here.

Name: _____
Phone number(s): _____

ADDITIONAL COMMENTS

If you have any other important information you would like to share with us, please provide it here.

OFFICE USE ONLY

Date of contact: _____
Date of meeting: _____
Status: P.R. Work permit Study permit Other _____
 EAL program CR/GAR/PSR/BVOR
Code level: 10 / 20 / 30 / 40 / 50 Interpreter: Family RETSD _____
Stages: L _____ S _____ R _____ W _____