GRADE 8 (2020-2021)

ARTHUR DAY MIDDLE SCHOOL
RIVER EAST TRANSCONA SCHOOL DIVISION
SCHOOL REGISTRATION APPENDIX

STUDENT'S LEGAL NAME: _____
(Last) (First) (Middle)

SECTION A: STUDENT COURSE REQUIREMENTS

1. All students will be taking the required courses as set out by the Department of Education and the School Division.

2. Students have the option of choosing one option class: **BAND, ART, DRAMA or GUITAR.** If choosing Band, you ***must*** rent or own an instrument.

   Select '1st' & '2nd' Choice: _____ **BAND** _____ **ART** _____ **DRAMA** _____ **GUITAR**

NOTE: Students signing up for band must have either taken band in Grade 7 or have made special arrangements with the band teacher and school Administration.

SECTION B: PREVIOUS SCHOOLING

1. Has your child ever attended a special program (not including the support services identified on the main registration form)? ☐ YES ☐ NO

   If YES, which one(s)?
   ☐ Reading Tutor ☐ Resource Tutoring
   ☐ Reading Recovery ☐ LAR (behavior support classroom)
   ☐ Developmental Teaching ☐ Other (specify) _____

2. Has your child ever been funded? ☐ YES ☐ NO

   If YES: ☐ Current ☐ Past ☐ Level II ☐ Level III

3. Last school attended: _____ Grade: _____

   City: _____ Province: _____

SECTION C: ADMINISTRATION OF MEDICATION

Will your child need to take medication other than an inhaler or epi-pen at school? ☐ YES ☐ NO

If YES, what is the medication? _____

How often will it need to be administered? _____

Doctor's Name_____ Doctor's Phone:_____

SECTION D: VISION AND HEARING

Does your child wear corrective lenses (glasses or contact lenses)?	☐ YES	☐ NO
Does your child have a history of vision-related concerns?	☐ YES	☐ NO
Does your child require and use devices to facilitate their hearing?	☐ YES	☐ NO
Does your child have a history of hearing-related concerns?	☐ YES	☐ NO

Signature (verifying that the above information is true and correct):

Parent/Guardian: _____ Date:_____

NOTE: If any of the above information changes during the year, please send a note or call the school.

Please return by Monday, March 2, 2020

ARTHUR DAY MIDDLE SCHOOL

HEALTH CARE INFORMATION

This form is to be used when a student registers and may be used to determine if a student requires health care support at school.

NAME: _____ **MB Medical No.** (9 digit): _____

1. Does your child have allergies? ☐ YES ☐ NO

   If YES, please list the specific allergies:

   _____

   _____

   _____

2. Does your child have an Epi-Pen? ☐ YES ☐ NO
   (If YES, your child must carry the epi-pen at all times)

3. Does your child take medication for asthma (inhaler/puffer)? ☐ YES ☐ NO

   Note - If there is any chance that your child may use the inhaler at school, they must have the appropriate documentation completed and submitted to the school.

4. Will your child need to take medication at school? ☐ YES ☐ NO

   If YES, what is the medication? _____

   How often will it be needed? _____

5. Does your child have seizures? ☐ YES ☐ NO

   If YES, when was the last seizure? _____

6. Does your child have any other health concerns that the school needs to be aware of? (i.e. diabetes, migraines, heart condition, etc.). If so, please list.

   _____

   _____

   _____