

# REGISTRATION—DR. F.W.L. HAMILTON SCHOOL

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This personal information is being collected under the authority of The Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the superintendent of River East Transcona School Division, 589 Roch St., Winnipeg, Man., R2K 2P7; phone 204.667.7130

## Student Information

Please print

School year: 20 /20

Usual last name: \_\_\_\_\_ Usual first name: \_\_\_\_\_ Usual middle name: \_\_\_\_\_

Legal last name: \_\_\_\_\_ Legal first name: \_\_\_\_\_ Legal middle name: \_\_\_\_\_

Student cell no.: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Male  Female  Grade level: \_\_\_\_\_ Birth date: (dd/mm/yy) \_\_\_\_\_ Is the student a high school graduate? Yes  No

Last school attended: \_\_\_\_\_

Are you a resident of River East Transcona School Division? Yes  No  (If no, complete and attach a Schools of Choice application)

Home address: Apt. # \_\_\_\_\_ House # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Box #/Group #/RR # \_\_\_\_\_

If not a Canadian citizen, please identify the CIC (Citizenship and Immigration Canada) authority:

a) Permanent resident  b) Refugee claimant  c) Work permit  d) Study permit  e) Other  \_\_\_\_\_

Date entered Canada: (dd/mm/yy) \_\_\_\_\_

**OFFICE:** a-c are provincially-funded students.

## Contact Information

List in order of priority to call

1. LAST name: \_\_\_\_\_ FIRST name: \_\_\_\_\_ Mr.  Ms.  Relationship: \_\_\_\_\_

Address: Same as above  Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Home phone: \_\_\_\_\_ Unlisted? Yes  No  Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal guardian? Yes  No  Student lives with this contact? Yes  No  Can pick up student? Yes  No

Has custody of student? Yes  No  This contact is restricted? Yes  No  Send report card to? Yes  No

Contact electronically? Yes  No  Contact by paper? Yes  No

Primary number to call in case of emergency: \_\_\_\_\_

2. LAST name: \_\_\_\_\_ FIRST name: \_\_\_\_\_ Mr.  Ms.  Relationship: \_\_\_\_\_

Address: Same as above  Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Home phone: \_\_\_\_\_ Unlisted? Yes  No  Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal guardian? Yes  No  Student lives with this contact? Yes  No  Can pick up student? Yes  No

Has custody of student? Yes  No  This contact is restricted? Yes  No  Send report card to? Yes  No

Contact electronically? Yes  No  Contact by paper? Yes  No

Primary number to call in case of emergency: \_\_\_\_\_

3. LAST name: \_\_\_\_\_ FIRST name: \_\_\_\_\_ Mr.  Ms.  Relationship: \_\_\_\_\_

Address: Same as above  Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Home phone: \_\_\_\_\_ Unlisted? Yes  No  Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal guardian? Yes  No  Student lives with this contact? Yes  No  Can pick up student? Yes  No

Has custody of student? Yes  No  This contact is restricted? Yes  No  Send report card to? Yes  No

Contact electronically? Yes  No  Contact by paper? Yes  No

Primary number to call in case of emergency: \_\_\_\_\_

4. LAST name: \_\_\_\_\_ FIRST name: \_\_\_\_\_ Mr.  Ms.  Relationship: \_\_\_\_\_

Address: Same as above  Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Home phone: \_\_\_\_\_ Unlisted? Yes  No  Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal guardian? Yes  No  Student lives with this contact? Yes  No  Can pick up student? Yes  No

Has custody of student? Yes  No  This contact is restricted? Yes  No  Send report card to? Yes  No

Contact electronically? Yes  No  Contact by paper? Yes  No

Primary number to call in case of emergency: \_\_\_\_\_

**Custody:** Are there any legal restrictions to this child? Yes  No  (If yes, a copy of legal documents must be on file at the school)

Student Manitoba Medical: Personal # (9-digit)

Student family # (6-digit)

## Signatures

The following signatures verify that the above information is true and accurate. Upon transfer/withdrawal of student, the pupil file will be forwarded to the next school of attendance.

Parent/guardian: \_\_\_\_\_ or student: \_\_\_\_\_  
(if 18 or older)

Date: \_\_\_\_\_

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## Medical Questionnaire

Please complete the following (specify yes if physician-diagnosed)

- |                        |                              |                             |              |
|------------------------|------------------------------|-----------------------------|--------------|
| 1. Anaphylaxis         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cause? _____ |
| 2. Asthma              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 3. Bleeding            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 4. Central line        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 5. Diabetes            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 6. Gastrostomy         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 7. Medication          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____        |
| 8. Nasogastric tube    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____        |
| 9. Ostomy              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____        |
| 10. Other              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____        |
| 11. Other intervention | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____        |
| 12. Oxygen             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 13. Seizure disorder   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 14. Steroid dependence | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 15. Suctioning (A)     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 16. Suctioning (B)     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 17. Tracheostomy       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |
| 18. Ventilator         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |              |

This medical information is being collected so that appropriate health-care plans may be developed and may be necessary to obtain funding. This information will only be shared with appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to the school principal.

## Support Services

Please indicate if the student has utilized any of the following services

**OFFICE:** If any items have been checked off, forward to the principal.

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Resource    | <input type="checkbox"/> School counsellor    | <input type="checkbox"/> Reading           |
| <input type="checkbox"/> Psychology  | <input type="checkbox"/> Psychiatry           | <input type="checkbox"/> Speech & language |
| <input type="checkbox"/> Social work | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Physiotherapy     |
| <input type="checkbox"/> Other       | <input type="checkbox"/> Child in care        | <input type="checkbox"/> Outside agency    |

If any services above are checked (✓), please complete details below.

Name of agency/support service: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe the reason for service: \_\_\_\_\_

Name of agency/support service: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe the reason for service: \_\_\_\_\_

The support services information is being collected so appropriate educational services may be provided for your son/daughter. This information will only be shared with appropriate individuals. This information is protected by The Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.