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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, Tel: 204.667.7130.

STUDENT INFORMATION

Please print

Usual last name: _____ Usual first name: _____ Usual middle name: _____

Legal last name: _____ Legal first name: _____ Legal middle name: _____

Male Female Trans male Trans female Two-Spirit Gender non-conforming Not stated

Birth date: (mm/dd/yy) _____ Language spoken at home: _____

Home address: Apt. # _____ House # _____ Street: _____

City: _____ Province: _____ Postal code: _____

Box #/Group #/RR #: _____ Student home #: _____ Student cell #: _____

Student Manitoba Medical:

Personal # (9-digit) Student family # (6-digit)

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

Is the student a high school graduate? Yes No Last school attended: _____

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

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

Date entered Canada: (mm/dd/yy) _____

OFFICE: a–c are provincially-funded students

CONTACT INFORMATION

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

List in order of priority to call:

1st contact

LAST name: _____ FIRST name: _____ Mr. Mrs. Ms. Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____

2nd contact

LAST name: _____ FIRST name: _____ Mr. Mrs. Ms. Relationship: _____
 Address: Same as above Other: _____ Postal code: _____
 Employer: _____ Work phone: _____ Ext.: _____
 Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____
 Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No
 Send additional report card? Yes No This contact is restricted? Yes No
 Phone number to call in case of emergency: _____

3rd contact

LAST name: _____ FIRST name: _____ Mr. Mrs. Ms. Relationship: _____
 Address: Same as above Other: _____ Postal code: _____
 Employer: _____ Work phone: _____ Ext.: _____
 Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____
 Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No
 Send additional report card? Yes No This contact is restricted? Yes No
 Phone number to call in case of emergency: _____

Daycare/other

LAST name: _____ FIRST name: _____ Mr. Mrs. Ms. Relationship: _____
 Address: Same as above Other: _____ Postal code: _____
 Employer: _____ Work phone: _____ Ext.: _____
 Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____
 Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No
 This contact is restricted? Yes No Phone number to call in case of emergency: _____

SIGNATURES

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

I consent to receive, via email, information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions. (If at any time you wish to be removed from our email list, please contact the school office.)

Email address: _____

Parent/guardian: _____ or student: _____

Date: _____

ABORIGINAL IDENTITY DECLARATION

Aboriginal 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 Aboriginal 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 (FIPPA) 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 Aboriginal Identity Declaration for the first time
- Am making changes to my child's Aboriginal Identity Declaration
- Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?

(Note: First Nations (North American Indian) include Status and Non-Status Indians)

If "Yes," check the box(es) that best describe(s) your child now:

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other: Please specify _____

MEDICAL QUESTIONNAIRE

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

- 1. Anaphylaxis Yes No
- 2. Anaphylaxis—has EpiPen prescribed Yes No
- 3. Asthma Yes No
- 4. Asthma—has inhaler prescribed Yes No
- 5. Bleeding (i.e. hemophilia, Von Willebrand disease) Yes No _____
- 6. Cardiac condition Yes No
- 7. Catheterization Yes No
- 8. Central line Yes No
- 9. Diabetes Yes No
- 10. Gastrostomy Yes No
- 11. Intermittent catheterization Yes No
- 12. Medication Yes No _____
- 13. Nasogastric tube Yes No
- 14. Osteogenesis imperfecta Yes No
- 15. Ostomy Yes No
- 16. Other intervention Yes No _____
- 17. Oxygen Yes No
- 18. Seizure disorder Yes No
- 19. Steroid dependence Yes No
- 20. Suctioning (A)—tracheal suctioning Yes No
- 21. Suctioning (B)—oral/nasal suctioning Yes No
- 22. Tracheostomy Yes No
- 23. Ventilator Yes No

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 school principal

- Resource
- School counsellor
- Reading
- Psychology
- Psychiatry
- Speech & language
- Social work
- Occupational therapy
- Physiotherapy
- Outside agency
- Child in care
- Other _____

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.