

REGISTRATION—POLSON SCHOOL



491 Munroe Ave., Winnipeg, Man., R2K 1H5, Tel: 204.669.4490, Fax: 204.668.9343, www.pol.retsd.mb.ca

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 School year: 20/____ 20____
Applying for Grade _____
Usual last name: _____ Usual first name: _____ Usual middle name: _____
Legal last name: _____ Legal first name: _____ Legal middle name: _____
Legal gender: Male Female
Preferred gender (if applicable): Trans male Trans female Two-Spirit Gender non-conforming
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/Primary 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: _____

Upon registration, Parent Portal login information will be provided by the school.

REGISTRATION—POLSON SCHOOL



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: _____ Would like Parent Portal access Yes No

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: _____ Would like Parent Portal access Yes No

Daycare or other 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
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 (if 18 or older): _____

Date: _____

INDIGENOUS IDENTITY DECLARATION

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 (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 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 (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 Indigenous 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. Oxygen Yes No
17. Seizure disorder Yes No
18. Steroid dependence Yes No
19. Suctioning (A)—tracheal suctioning Yes No
20. Suctioning (B)—oral/nasal suctioning Yes No
21. Tracheostomy Yes No
22. Ventilator Yes No
23. Other intervention/condition/diagnosis (not listed) * Yes No _____

***Other health condition(s) must be physician-diagnosed with supporting documentation provided.**

This medical information is being collected so that appropriate health-care plans and programming may be developed. 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.

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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

- | | |
|--|---|
| <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"/> Outside agency |
| <input type="checkbox"/> Child in care | <input type="checkbox"/> 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.