

SIBLINGS

Name	Grade (if applicable)	Date of Birth (month/day/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Effective September 2017 Manitoba Education and Training mandates that all school divisions/schools incorporate the Aboriginal Identity Declaration (AID) collection form within the school registration forms.

Authorization and Statement of Understanding: *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 as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)*

Annual Declaration: All new and continuing students are to be given an opportunity to declare their identity annually.

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”, mark the square(s) 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 INFORMATION

MEDICAL NO.: _____ PERSONAL HEALTH I.D. NO. _____

HEALTH CONDITION: (Comment on any medical information, allergies, and procedures to be taken. Please report any changes throughout the year to the school office.)

DOCTOR'S NAME: _____
DOCTOR'S ADDRESS: _____ DOCTOR'S PHONE NO. _____

IF PARENTS/GUARDIANS CANNOT BE CONTACTED, WHO ELSE MAY WE CONTACT IN CASE OF AN EMERGENCY OR ILLNESS?

NAME: _____ ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
RELATIONSHIP TO STUDENT: _____

Will this student be transported by school bus: ____ YES ____ NO
Your sec/twn/rge: _____

BILLET INFORMATION (In case of parents not being able to be reached in the event of buses not running and/or emergency closure of schools.)

NAME OF BILLET: _____
ADDRESS OF BILLET: _____
HOME PHONE OF BILLET: _____
WORK PHONE OF BILLET: _____

Please check here if you need some assistance with finding a billet for your child: _____

If you live in town and are able to offer a billet to a rural student(s), please answer the following: I/We are willing to billet # _____ boys. I/We are willing to billet # _____ girls.

School Catchment area: _____

This registration is a Choice of School: ____ No ____ Yes
(Please be advised that your request for "Choice of School" may not be possible.)

I certify that the information presented above is accurate and complete.

Signature of Parent or Legal Guardian

Date

FOR OFFICE USE: Proof of age provided was: _____ Initials