

FORT LA BOSSE SCHOOL DIVISION
KINDERGARTEN REGISTRATION FORM

For the school year 20__ - 20__

This personal information or personal health information is being collected under the authority of Fort la Bosse School Division and will be used for educational purposes or to insure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Fort La Bosse School Division Access and Privacy Coordinator at 748-2692.

Please indicate who is responsible for registering this child: Please check the appropriate box:

Parent

Legal Guardian

If the child is in care

Name of Agency _____ Social Worker _____

Student's Name _____
(Legal Last Name) (Legal Given Names)

Student's Preferred Name: _____

Date of Birth (Month/Day/Year) _____ Gender _____

(BAND NAME if applicable _____ TREATY NO. _____)

HOME INFORMATION

MAILING ADDRESS: _____
(Box No.) (Town) (Postal Code)

STREET ADDRESS: _____ OR Legal Land Location: _____

HOME PHONE: _____ Home E-Mail Address _____

NAME OF FATHER: _____

Address (if different than above) _____

Home Phone (if different than above) _____ Cell Phone _____

Work Place: _____ Work Phone: _____

NAME OF MOTHER: _____

Address (if different than above) _____

Home Phone (if different than above) _____ Cell Phone _____

Work Place: _____ Work Phone: _____

CUSTODY

Child lives with: Both Mother Father Guardian Foster Family

**If a special family situation exists, we respectfully request details concerning who the student will be living with and/or any details you feel the school should be aware of: _____

_____ (OVER)

SIBLINGS

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

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 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. _____

EMERGENCY/SCHOOL CLOSURE CONTACT INFORMATION:

If parents/guardian cannot be reached, who else (locally) may we contact if a need arises?

NAME: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

RELATIONSHIP TO STUDENT: _____

Will this student be transported by school bus? ___NO ___YES Your land location: _____

If YES: All bus students **must have** a town billet. Please provide the following information.

NAME OF BILLET: _____

ADDRESS OF BILLET: _____

DAYTIME PHONE OF BILLET: _____

ALTERNATE PAYTIME 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: Goulter _____ Mary Montgomery _____

This registration is a Choice of School: ___NO ___YES

(Please note that your request for "Choice of School" may not be possible.)

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

Parent/Guardian Signature

Date

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