



**CUSTODY**

Child lives with:  Both Parents  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. \_\_\_\_\_

**IF PARENTS/GUARDIANS CANNOT BE CONTACTED, WHO ELSE MAY WE CONTACT LOCALLY 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  
Legal Land Location: \_\_\_\_\_

**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: \_\_\_\_\_  
DAYTIME 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