Dear Parent/Guardian,

Welcome to the Interlake School Division. We look forward to providing a safe and nurturing educational experience for your child.
To register your child, please complete the following documents:

- Student Registration Form/Transportation Request
- Early Experiences/Early Development
- URIS
- Copy of the Birth Certificate
- Proof of Address

Once these documents are completed the school administrator will contact you directly to arrange programming and a start date.

Please contact Mrs.Heidi Reeb at 204-886-2620 if you have any questions.

Thank you

Interlake School Division
Student Information Form

Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian. Registration will not be permitted untill all necessary documentation has been provided. This form is used to enroll a student who is new to Interlake School Division, or who is returning to the Division.

Date of Registration:_____

☐ French Immersion

School: School Year: Previous School Attended:

STUDENT INFORMATION

Registering for Grade:

Student's Legal Last Name | Student Number

Student's Legal First Name | Student's Legal Middle Name

Preferred Called Name | Date of Birth (MM/DD/YYYY)

☐ Proof of Age - Kindergarten Only

Student's Physical Address

Address | City | Province | Postal Code

Mailing Address (if different from Physical Address)

Address | City | Province | Postal Code

Student's Home Phone (e.g. xxx-xxx-xxxx) | Gender ▼

Please refer to ISD Administrative Procedure 3200 Schools of Choice.

Are the parent(s)/guardian(s) residents of the Interlake School Division? No, complete the Out of Division School of Choice Form.

Are the parent(s)/guardian(s) residents in the school catchment area? No, complete the Within Division School of Choice Form.

MEDICAL INFORMATION

Student PHIN No. (9 digit #)

Medical Conditions/Resitrictions

Family Doctor

Doctor's Phone

Parent/guardian must notify the school immediately of any changes in health information.

CUSTODY (For the protection of your child, legal documents must be on file at the school if there are any custody restrictions)

○ Joint
○ Mother ○ Father
○ Guardian
○ Other

Comment:

Are there any custody documents related to this child? ○ Yes ○ No

Is there any restricted contact related to this child? ○ Yes ○ No

If yes, provide name and copy of legal document(s).

Would you like an additional report card sent? ○ Yes ○ No

Address for additional report card:

Name

Address | City | Province | Postal Code

PARENT/LEGAL GUARDIAN INFORMATION

Student Resides with: ◯ Parents ◯ Parents Alternately ◯ Mother ◯ Father ◯ Guardian ◯ Foster

If your child is in CFS Care:

CFS Worker = First Parent/Legal Guardian.
Foster Family = Optional-Other Relevant Adult.

Please provide Agency: Tel. No.: Fax No.:

First Parent/Legal Guardian

Name		Relationship to Student ▼	Mr., Mrs., Ms., Dr., etc. ▼
Address (if different from student's)		Does the student reside with this individual? ◯ Yes ◯ No	
Address	City	Province	Postal Code
Home Phone (e.g. xxx-xxx-xxxx)		Business Phone (e.g. xxx-xxx-xxxx)	Extension #
Cell Phone (e.g. xxx-xxx-xxxx)		Email	

Second Parent/Legal Guardian

Name		Relationship to Student ▼	Mr., Mrs., Ms., Dr., etc. ▼
Address (if different from student's)		Does the student reside with this individual? ◯ Yes ◯ No	
Address	City	Province	Postal Code
Home Phone (e.g. xxx-xxx-xxxx)		Business Phone (e.g. xxx-xxx-xxxx)	Extension #
Cell Phone (e.g. xxx-xxx-xxxx)		Email	

Optional - Other Relevant Adult

Name		Relationship to Student ▼	Mr., Mrs., Ms., Dr., etc. ▼
Address (if different from student's)		Does the student reside with this individual? ◯ Yes ◯ No	
Address	City	Province	Postal Code
Home Phone (e.g. xxx-xxx-xxxx)		Business Phone (e.g. xxx-xxx-xxxx)	Extension #
Cell Phone (e.g. xxx-xxx-xxxx)		Email	

SIBLING INFO

Sibling Name	Date of Birth (MM/DD/YYYY)	Grade (K,1,2,3,...12)	School

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACTS (NOT STUDENT'S PARENT/LEGAL GUARDIAN)

Emergency Contact Name #1	Relationship to Student ▼
Home Phone of Emergency Contact #1 (e.g. xxx-xxx-xxxx)	Cell Phone (e.g. xxx-xxx-xxxx)
Emergency Contact Name #2	Relationship to Student ▼
Home Phone of Emergency Contact #2 (e.g. xxx-xxx-xxxx)	Cell Phone (e.g. xxx-xxx-xxxx)
Emergency Contact Name #3	Relationship to Student ▼
Home Phone of Emergency Contact #3 (e.g. xxx-xxx-xxxx)	Cell Phone (e.g. xxx-xxx-xxxx)

**** If immediate medical attention is required, your child will be taken to the nearest hospital. Every attempt to contact parents/guardians will be made.**

STUDENT TRANSPORTATION - BUS STUDENTS ONLY

Does your child require school bus transportation or do you live more than 1.6 km from your current school?

○ Yes - If you have answered yes, please contact the transportation department at 204-467-8730. ○ No

PERMISSIONS

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.

○ Yes ○ No

I hereby authorize the Interlake School Division to release my child's full name and/or picture in situations that are school-approved, to include but not limited to media, school newsletters, awards, sports teams, Manitoba High School Athletic Association, school/division web pages, divisional Facebook page:

○ Yes ○ No

I hereby authorize the Interlake School Division to allow my child to participate in supervised activities off school property, but within the school's community:

○ Yes ○ No

I have read the Interlake School Division Administrative Procedure 3150 regarding the Responsible Use of Information and Communication Technologies - Students ands agree that my child shall comply with the guidelines and regulations. I understand my child's responsibilities pertaining to the use of ICT resources. Further, I understand that any violation of the conditions, rules and guidelines set out in the Procedure may result in loss of privileges and/or consequences deemed necessary.

I hereby give permission for my son/daughter to participate in the use of technology for educational purposes on both ISD and personally owned devices.

The Interlake School Division has taken precautions to circumvent student access to controversial material. However, I also recognize it is impossible for the Interlake School Division to restrict access to all controversial materials and I will not hold it responsible for materials acquired on the network.

○ Yes ○ No

Student Signature: _____ Parent/Guardian Signature: _____

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 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.

1. 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.

2. Is your child an Indigenous person, that is, First Nation (North American Indian), Metis, 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, Metis.
- ☐ Yes, Inuk (Inuit).

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

- ☐ Anishinaabe (Objibway/Saulteaux)
- ☐ Dene (Sayisi)
- ☐ Oji-Cree
- ☐ Inuktitut
- ☐ Ininiw
- ☐ Dakota
- ☐ Michif
- ☐ Other-please specify: _____

ALL INFORMATION PROVIDED ON THIS INFORMATION FORM WILL BE IN EFFECT AS LONG AS THE ABOVE-MENTIONED CHILD IS A REGISTERED STUDENT OF THE INTERLAKE SCHOOL DIVISION. IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO NOTIFY THE SCHOOL IF CIRCUMSTANCES CHANGE.

To the best of my knowledge, information provided on this form is accurate.

Parent/Guardian (please print) _____

Parent/Guardian Signature _____

For Office Use Only:

Date Entered into PowerSchool _____