



Dear Parent/Guardian,

As you register your child for kindergarten, the public health team is offering this health checklist to help ensure your child's first steps of school are as smooth as possible.

A school entry booster of tetanus, diphtheria, pertussis and polio (Tdap-IPV) vaccine and the mumps, measles, rubella and varicella (MMRV) vaccine are due prior to your child starting school. The public health nurse, your physician or nurse practitioner can do these immunizations.

Please contact your local public health office (contact information on page 2) with any questions or to book an appointment for your child's kindergarten boosters.

Use the checklist below as a guide to prepare your child for kindergarten. Links below available at <https://www.ierha.ca/programs-services/public-health/school-age-child-resources/>

- My child's immunizations are up to date:**
School entry boosters – Vaccine fact sheets:
Tdap-IPV vaccine: <https://www.gov.mb.ca/health/publichealth/factsheets/tdapipv.pdf>
MMRV vaccine: <http://www.gov.mb.ca/health/publichealth/factsheets/mmrpv.pdf>
- My child has had their eyes checked by an optometrist:**
Call your local optometrist to book an appointment for your child's eye test – this is a free exam. Manitoba Health coverage insures basic eye exams every 2 years for children under 19 years of age.
- My child has had their hearing tested:**
Check with your school division to see if your child's hearing will be tested in school. If not, you can book an appointment with the Selkirk Hearing Centre at 204-785-7403 or the Beausejour Primary Health Care Centre at 204-268-7465. Hearing testing is also done at private audiology and hearing centers, for a fee.
- My child has been to the dentist:**
Dental Care for Children/Cleaning Teeth:
https://www.cda-adc.ca/en/oral_health/cfytdental_care_children/cleaning.asp
- My child's nutritional needs:**
School Lunches Made Easy:
<https://food-guide.canada.ca/en/tips-for-healthy-eating/school/>
- My child's physical activity needs:**
<https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/physical-activity/physical-activity-tips-children-5-11-years.html>

ADDITIONAL WEBSITES:

A Parent's Guide to Vaccination (Public Health Agency of Canada) - <https://www.canada.ca/en/public-health/services/publications/healthy-living/parent-guide-vaccination.html>

Canadian Pediatric Society - <https://www.caringforkids.cps.ca/>

Immunize Canada - <https://immunize.ca/>

Public Health Agency of Canada - <https://www.canada.ca/en/public-health/services/vaccination-children.html>

Interlake-Eastern Public Health Offices

NAME	PHONE	ADDRESS
Arborg Community Health Office	204-376-5559	317 River Road
Ashern Community Health Office	204-768-2585	1 Steenson Avenue
Beausejour Community Health Office	204-268-4966	151 – 1 st Street S
Eriksdale Wellness Centre	204-739-2777	35 Railway Avenue
Fisher Branch Community Health Office	204-372-8859	23 Main Street
Gimli Community Health Office	204-642-4595	120 – 6th Avenue
Lac du Bonnet Primary Health Care Centre	204-345-8647	89 McIntosh Street
Lundar Community Health Office	204-762-5469	97 – 1st Street S
Oakbank – Kin Place Health Complex	204-444-2227	689 Main Street
Pinawa Primary Health Complex	204-753-2334	30 Vanier Drive
Pine Falls Health Complex	204-367-4441	37 Maple Street
Riverton Community Health Office	204-378-2460	68 Main Street
Selkirk Community Health Office	204-785-7500	237 Manitoba Avenue
St. Laurent Community Health Office	204-646-2504	51 Parish Lane
Stonewall Community Health Office	204-467-4400	589 – 3rd Avenue S
Teulon Community Health Office	204-886-4065	162 – 3rd Avenue SE
Whitemouth District Health Centre	204-348-7191	75 Hospital Street

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 until 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)
Student's Physical Address			
Address		City	Province
Mailing Address (if different from Physical Address)			
Address		City	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	<div style="border: 1px solid black; height: 40px;"></div>
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)	
<input type="radio"/> Joint <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian	<input type="radio"/> Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Are there any custody documents related to this child?	Comment: _____
Are there any custody documents related to this child?	<input type="radio"/> Yes <input type="radio"/> No
Is there any restricted contact related to this child?	<input type="radio"/> Yes <input type="radio"/> No
If yes, provide name and copy of legal document(s).	<div style="border: 1px solid black; height: 40px;"></div>
Would you like an additional report card sent?	<input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No
	Address	City	Province
	Home Phone (e.g. xxx-xxx-xxxx)	Business Phone (e.g. xxx-xxx-xxxx)	Postal Code 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? <input type="radio"/> Yes <input type="radio"/> No
	Address	City	Province
	Home Phone (e.g. xxx-xxx-xxxx)	Business Phone (e.g. xxx-xxx-xxxx)	Postal Code 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? <input type="radio"/> Yes <input type="radio"/> No
	Address	City	Province
	Home Phone (e.g. xxx-xxx-xxxx)	Business Phone (e.g. xxx-xxx-xxxx)	Postal Code 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 and 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:

- | | |
|--|--|
| • <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | • <input type="checkbox"/> Ininiw |
| • <input type="checkbox"/> Dene (Sayisi) | • <input type="checkbox"/> Dakota |
| • <input type="checkbox"/> Oji-Cree | • <input type="checkbox"/> Michif |
| • <input type="checkbox"/> Inuktitut | • <input type="checkbox"/> 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 _____

Declare your child's Indigenous Identity

Questions and Answers for Parents and Guardians



1. What is Indigenous Identity Declaration?

Indigenous Identity Declaration (IID) is an opportunity for parents/guardians of Indigenous students to declare their child's Indigenous identity within Manitoba's Kindergarten-Grade 12 provincial school system usually at time of registration. IID information received from parents/guardians is entered into a database by the school office and is then reported yearly to the Department of Manitoba Education and Training.

2. Why are Indigenous students being asked to declare their ancestral/cultural background?

IID helps direct resources to Indigenous students to help them succeed. Manitoba Education and Training is committed to supporting the academic success of Indigenous students. Your declaration helps school divisions enhance services and supports for Indigenous students. By declaring, your child (children) receives the appropriate support and programming they may need.

3. Statistics Canada collects this information. Why are parents/guardians being asked to provide information to the school?

Aboriginal identity refers to whether the person reported identifying with the Aboriginal peoples of Canada. This includes those who reported being an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status, that is registered under the Indian Act of Canada, and/or those who reported membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada. The key data sources for statistics on Aboriginal people comes from the Census, which collects information on the language spoken at home, mother tongue and knowledge of language

IID provides accurate and detailed school level information and is recorded by schools and reported yearly to Manitoba Education and Training. Additionally, this information is combined to give a school division and provincial summary. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

4. I'm a First Nation member and my partner is Métis. Which box do we check?

For families that have multiple ancestral/cultural elements, choose what is most relevant for your family. For more detail, please see the IID identifier descriptions provided on the website at www.edu.gov.mb.ca/aed/abidentity.html.

5. I know I'm Indigenous but I don't speak any Indigenous languages. Do I still check any boxes?

YES. The linguistic identifiers refer to ancestral/cultural identity, NOT your ability to speak a specific Indigenous language. Select the identifier(s) that best reflect your identity. If you are still unsure what to choose, you can check the "Other" linguistic category, and write "uncertain" in the space provided.



6. *My child is adopted and Indigenous, while our family is not Indigenous. Which box do I check?*

Check the box most appropriate for your child's Indigenous identity. For more details, please see the IID descriptions provided or visit edu.gov.mb.ca/aed/abidentity.html.

7. *I moved to Manitoba from another province and my language/culture identifier is not on the IID list. Which box do I check?*

As the list of languages spoken by Indigenous people in North America is quite large, the IID uses the majority of the languages spoken in Manitoba. If your language is not listed, please check the box labelled "Other". Then you may indicate the language(s) spoken in the space provided (if known, write the language, or if unknown, write "uncertain").

8. *There are so many languages to choose from and my language choice is spelled differently than I remember it being spelled. Are they likely the same?*

Yes. They can be considered the same for the purposes of the IID. There are many different ways of spelling the major language groups. As an example, the word Ojibwe can be spelled, Ojibway and Ojibwa. The same can be said of Inuktituq. It can also be spelled as Inuktitut. Both are considered to be the language spoken by the Inuit people.

9. *I've already declared my child a couple of years ago. Do I need to declare my child every year?*

No. If you have declared your child in the past, you won't need to declare your child every year.

The school office will provide IID information to parents/guardians every year as Indigenous identity is not assumed. Also, sometimes the information parents/guardians provide the school may need to be updated, such as if a child is new to the provincial school system, or if changes were made to the list of IID identifiers. If your child is new to the provincial school system, or if you need to make a change to the declaration you had previously provided for your child, then a declaration form can be obtained from your child's school office at any time.

10. *We've moved to a different school in a different school division.*

Do I need to declare my child again?

No. If parents/guardians have declared their child's Indigenous identity in the past, the declaration information will remain in the database throughout the child's education in the Manitoba K-12 provincial school system.

11. *I've registered and/or they know my Indigenous identity at a First Nations school. Do I still need to identify at a provincial school?*

Yes. Your Indigenous identity may not be provided by the First Nations school where you attended. We are asking that you please self-identify when registering at a provincial school.

12. *Will my band lose funding for schools in my home community if I self declare my child in a Manitoba public school?*

By self declaring your child or children your home band or community will not lose any funds. Public school funding and federal schools funding is not connected or related in any way to self declaring your child or children and will not result in any lose of funds.





Early Experiences: Early Development

Name: _____ Date: _____

1. Does your child need any assistance with dressing?
NO ____ Yes ____ Specify _____
2. Does your child need assistance with washroom or toileting routines?
NO ____ Yes ____ Specify _____
3. Did your child receive early intervention services, such as Speech Language Pathology (SLP), Occupational Therapy (OT), or Physical Therapy (PT), before starting kindergarten?
NO ____ Yes ____ Specify Program (CTI/RCC/SMD): _____
CTI: Children's Therapy Initiative RCC: Rehabilitation Centre for Children
SMD: Society for Manitobans with Disabilities
4. Did your child attend child care / day care on a regular basis before starting kindergarten? No ____ Yes ____
If yes, was the child care arrangement full time or part time?
_____ Full time \geq 30 hours / week
_____ Part time < 30 hours / week
5. Please specify the type of child care arrangements you used. If you used more than one type of child care, please indicate the one your child attended for the longest amount of time.
 - a. Center-based, licensed (e.g. a daycare centre) _____
 - b. Home-based, licensed (someone else's home) _____
 - c. Home-based, unlicensed (non-relative's home) _____
 - d. Home-based, unlicensed (relative's home) _____
 - e. Child's home (non-relative) _____
 - f. Child's home (relative) _____
6. Did your child attend a pre-school / nursery school? Indicate yes, if it was part-time and not main child care.
No ____ Yes ____ Location _____
7. Are you and your child new to Canada?
No ____ Yes ____ If yes, country? _____ Length of time in Canada _____
8. Is there anything else your kindergarten teacher needs to know about your child?

MARGARET WARD
Acting Superintendent/CEO



AL LEIMAN
Secretary-Treasurer

TYLER MORAN
Acting Assistant Superintendent

“Preparing Today’s Learner for Tomorrow”

Dear Parent/Guardian:

The Unified Referral and Intake System (URIS) is a joint initiative of the provincial departments of Health, Education and Family Services. It provides support for children with specific health care needs when they are attending community programs including schools, licensed child care facilities and respite. For children with health care need(s) listed below, URIS support includes the development of a written health care plan and training of community program staff by a registered nurse.

- Anaphylaxis
- Asthma
- Bleeding disorder
- Cardiac condition
- Diabetes
- Seizure disorder
- Steroid dependent condition
- Osteogenesis imperfecta
- Gastrostomy care
- Catheterization
- Ostomy care
- Pre-set oxygen
- Oral or nasal suctioning

PLEASE COMPLETE THE BOX BELOW AND RETURN IT TO THE COMMUNITY PROGRAM.

<input type="checkbox"/> My child _____ is diagnosed with one or more of the health care needs listed above. I have completed the URIS Group B Application and provided it to the community program.	
<input type="checkbox"/> My child _____ is NOT diagnosed with any of the health care needs listed above.	
_____	_____
Parent/Guardian signature	Date

Sincerely,

Michelle Procter
Student Services Administrator

Unified Referral and Intake System (URIS) Group B Application

In accordance with Section 15 of *The Personal Health Information Act (PHIA)*, the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. If you have questions about the information requested on this form, you may contact the community program.

Section I – Community program information (to be completed by the community program)

Type of community program (please <input checked="" type="checkbox"/>) <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program	Name of community program: <hr/> Contact person: Tracy Procter <hr/> Phone:204-467-2501 Fax: <hr/> Email:tprocter@isd21.mb.ca <hr/> Address (location where service is to be delivered): Street: 6028 E Path 236, Box 333 City/Town:Balmoral, MB Postal Code:R0C 0H0
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Section II - Child information

Last Name	First Name	Birthdate												
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D	D	M	M	Y	Y									

Also Known As

Student Grade:

Bus Student:
Yes / No

Please check () all health care conditions for which the child requires an intervention during attendance at the community program.

Life-threatening allergy (and child is prescribed an EpiPen) Does the child bring an EpiPen to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma (administration of medication by inhalation) Does the child bring asthma medication (puffer) to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Can the child take the asthma medication (puffer) on his/her own? <input type="checkbox"/> YES <input type="checkbox"/> NO
Seizure disorder What type of seizure(s) does the child have? _____ Does the child require administration of rescue medication (e.g., sublingual lorazepam)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes What type of diabetes does the child have? <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 Does the child require blood glucose monitoring at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with blood glucose monitoring? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have low blood sugar emergencies that require a response? <input type="checkbox"/> YES <input type="checkbox"/> NO
Cardiac condition where the child requires a specialized emergency response at the community program. What type of cardiac condition has the child been diagnosed with? _____
Bleeding Disorder (e.g., von Willebrand disease, hemophilia) What type of bleeding disorder has the child been diagnosed with? _____

Steroid Dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease)	
What type of steroid dependence has the child been diagnosed with? _____	
Osteogenesis Imperfecta (brittle bone disease)	
Gastrostomy Feeding Care	
Does the child require gastrostomy tube feeding at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require administration of medication via the gastrostomy tube at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ostomy Care	
Does the child require the ostomy pouch to be emptied at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require the established appliance to be changed at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require assistance with ostomy care at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Clean Intermittent Catheterization (IMC)	
Does the child require assistance with IMC at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pre-set Oxygen	
Does the child require pre-set oxygen at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child bring oxygen equipment to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Suctioning (oral and/or nasal)	
Does the child require oral and/or nasal suctioning at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child bring suctioning equipment to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for _____.
(child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

Parent/Legal guardian signature

Date

Mailing Address

Postal Code

Phone number



Date: _____

NEW STUDENT TRANSPORTATION REQUEST

Parent(s)/Guardian(s) _____ / _____

Home Phone _____

Mom Cell _____ Dad Cell _____

Mom Work _____ Dad Work _____

Pick up Address _____

Mailing Address _____

Emergency Contact Person: _____

Emergency Contact Phone #: _____

NAME OF STUDENT(S)	SCHOOL	GRADE

* For Office Use Only *

Driver _____ Route # _____ Bus # _____ Express Rt.# _____

COMMENTS	OFFICE USE ONLY
_____	Geocoded: Yes___ No___
_____	Mapped: Yes___ No___
_____	Driver Contacted: Yes___ No___
_____	Date Contacted: _____
_____	Parent Contacted: Yes___ No___
_____	Date Contacted: _____
_____	Completed by: _____
_____	Copy to Driver___ Original to Office___