



SEVEN OAKS
SCHOOL DIVISION
community begins here

STUDENT REGISTRATION FORM

Class: _____ Teacher: _____

KINDERGARTEN ONLY: AM PM firm flexible

This personal information is being collected under the authority of the Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Superintendent of Seven Oaks School Division, 830 Powers Street, Winnipeg, Manitoba, R2V 4E7; Telephone (204)586-8061.

Please Print

7Oaks Student #: _____

School: _____ Program: _____ School Year: _____ MET#: _____

LEGAL Surname: _____ LEGAL First Name: _____ LEGAL Middle Name: _____

Male Female Gender (if applicable) _____ Grade Level: _____ Birthdate: (Month/Day/Year) _____ Telephone: _____

Home Address: _____ Apt. #: _____ Box #, Group #, RR#: _____

City: _____ Province: _____ Postal Code: _____

Transfer from: (School, City, Province, Country) _____

Do you live in the Seven Oaks School Division? Yes No (If NO, complete and attach a School of Choice / Out of Division Form)

Are you a Band sponsored First Nations student? Yes If YES, name of Sponsor _____

If not a Canadian citizen are you: Landed Immigrant Refugee Visa Student Date Entered Canada: (Month/Day/Year) ____ / ____ / ____

To which ethnic / cultural group do you belong? _____ Language spoken at home: _____

Permanent Resident Number _____

Guardians: (List in order of priority to call.)

Type of phone: c – cell h – home w – work (List in order of priority to call.)

1. LAST Name _____ FIRST Name _____ Relation _____ Employer: _____

Address: _____ e-mail address: _____

Legal Guardian? Yes No Phone 1: _____ type: _____ Phone 2: _____ type: _____ Phone 3: _____ type: _____

2. LAST Name _____ FIRST Name _____ Relation _____ Employer: _____

Address: _____ e-mail address: _____

Legal Guardian? Yes No Phone 1: _____ type: _____ Phone 2: _____ type: _____ Phone 3: _____ type: _____

3. LAST Name _____ FIRST Name _____ Relation _____ Employer: _____

Address: _____ e-mail address: _____

Legal Guardian? Yes No Phone 1: _____ type: _____ Phone 2: _____ type: _____ Phone 3: _____ type: _____

CUSTODY: Are there any legal restrictions/arrangements for this child? Yes No

(A copy of legal documents must be on file at school.)

Emergency Contact (EC) - Must be different than Guardians 1, 2 and 3

Type of phone: c – cell h – home w – work

EC 1 Name: _____ Relationship: _____ Telephone 1: _____ type: _____ Telephone 2: _____ type: _____

EC 2 Name: _____ Relationship: _____ Telephone 1: _____ type: _____ Telephone 2: _____ type: _____

Doctor: _____ MB Medical: Personal #: (9 digit) Family #: (6 digit)

Doctor Phone Number: _____

Attending / Registered at Daycare/After School Care

Name: _____ Contact: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ or _____

Signature: (Verifying that the above information is true and correct.)

PARENT/GUARDIAN: _____ DATE: _____

SIBLINGS	Name: _____	Birthdate: _____	Grade: _____	School: _____
	Name: _____	Birthdate: _____	Grade: _____	School: _____
	Name: _____	Birthdate: _____	Grade: _____	School: _____

MEDICAL QUESTIONNAIRE

Please complete the following. Specify yes, if physician diagnosed.

1. Life Threatening Allergy YES NO If yes, specify: _____
2. Prescribed an EpiPen YES NO
3. Asthma YES NO
4. Bleeding Disorder YES NO
5. Diabetes YES NO
6. Heart Condition YES NO
7. Seizure Disorder YES NO
8. Other **significant** conditions that are physician diagnosed (i.e. ulcerative colitis, Crohns, transplants, spina bifida, permanent physical limitations)

This medical information is being collected so that appropriate health care plans may be developed. This information will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act. Questions should be directed to the Superintendent of Seven Oaks School Division, 830 Powers Street, Winnipeg, Manitoba, R2V 4E7; Telephone (204)586-8061

SUPPORT SERVICES

Please indicate if student has utilized any of the following services:

- | | | |
|--|--|--|
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Reading Recovery Teacher | <input type="checkbox"/> School Counsellor |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Resource Teacher | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Outside Agency |
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Child in Care of CFS | <input type="checkbox"/> Other |

If any services above are (✓), please complete details below.

Name of Agency/Support Service: _____

Name of Contact Person: _____

Address: _____

Phone: _____

Briefly describe the reason for service: _____

The Support Services information is being collected so that appropriate educational services may be provided for your son/daughter. This information will only be shared with appropriate individuals. This information is protected by the Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.

INDIGENOUS IDENTITY DECLARATION

*The 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 (FIPPA) as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.*

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;
 I have already submitted my child's Aboriginal Identity Declaration and have no changes

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 & 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 identify? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
 Ininew (Cree)
 Dene (Sayisi)
 Dakota
 Oji-Cree
 Michif
 Inuktitut
 Other _____