

SCHOOL REGISTRATION FORM: Children in Care

(Form available at www.manitoba.ca/healthychild/publications)

(Please check off Authority you represent)



DEMOGRAPHICS

Name: _____

Date of Birth: _____

MET#: _____ PHIN: _____

Legal Guardian/Agency: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Child and family services worker: _____

Phone Numbers

Office: _____ Mobile: _____

Fax Number: _____ Email: _____

Foster Placement: _____

Mailing Address: _____

Phone Number: _____ Email: _____

CHILD AND FAMILY SERVICES STATUS (Check which best applies, provide date(s))

Voluntary Placement Agreement _____ (date)

Voluntary Surrender of Guardianship _____ (date)

Extension of Care _____ (date)

Apprehension _____ (date)

Supervision Order _____ (date)

Temporary Order of Guardianship to _____ (date)

Permanent Order of Guardianship _____ (date)

Expected length of placement (emergency or long-term): _____

Approved for Contact:

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

SCHOOL INFORMATION

Last School Attended: _____

Contact Person: _____

Phone Number: _____

Address: _____

Current Grade Attended: _____

Grade Level Functioning (Check description that best applies):

Meets

Exceeds

Below

Relevant Educational Programming Information:

Community supports provided by the agency:

Areas of interest/strengths (e.g., hobbies, clubs, organizations, cultural interests):

Relevant Medical Information:

Additional Information and relevant life situation:

CONTACT DATA AND AUTHORIZATION:

Printed Name of Placing Child
and Family Services Worker: _____

Signature of Placing Child
and Family Services Worker: _____

Date Signed: _____

Name of Placing Agency Office/Regional Office: _____

Address of Placing Agency Office/Regional Office:

Phone # of Placing Child and Family Services Worker: _____

Printed Name of Agency
E.D. C.E.O. /Regional Office R.D.: _____

Signature of Placing Agency
E.D. C.E.O. /Regional Office R.D.: _____

Date Signed: _____

Address of Placing Agency E.D. C.E.O. /Regional Office R.D.:

Phone # of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____

Printed Name of Parent: _____

Signature of Parent: _____ Date Signed: _____

Printed Name of Student: _____

Signature of Student: _____ Date Signed: _____
(if 18 or over)

For School/Division Office Use:

| Steps | Date | Principal or Designate Signature |
|---|------|----------------------------------|
| Registration Received: | | |
| Intake Meeting (as required): | | |
| Start Date: | | |
| Follow-up/Review Meeting(s) (as required): | | |