STUDENT REGISTRATION

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 River East Transcona School Division, 589 Roch St., Winnipeg, Man., R2K 2P7, Tel: 204.667.7130.

STUDENT INFORMATION

PLEASE PRINT

School year: **2024 -2025**

School name: **Sherwood School**

Applying for Grade _____

Usual LAST name:_____ Usual FIRST name:_____ Usual MIDDLE name: _____

Legal LAST name:_____ Legal FIRST name:_____ Legal MIDDLE name: _____

Legal gender: ☐ Male ☐ Female

Preferred gender (if applicable): ☐ Trans male ☐ Trans female ☐ Two-Spirit ☐ Gender non-conforming

Birth date: (mm/dd/yy)_____ Language spoken at home: _____

Home address: Apt. #_____ House #_____ Street:_____

City:_____ Province:_____ Postal code: _____

Box #/Group #/RR #:_____ Student home #:_____ Student cell #: _____

Student Manitoba Medical: Personal # (9-digit) ☐☐☐☐☐☐☐☐☐ Student family # (6-digit) ☐☐☐☐☐☐

Are you a resident of River East Transcona School Division? ☐ Yes ☐ No *(If no, complete and attach a Schools of Choice application)*

Is the student a high school graduate? ☐ Yes ☐ No Last school attended: _____

If not a Canadian citizen, please identify the CIC (Citizen and Immigration Canada) authority:

☐ A) Permanent resident ☐ B) Refugee claimant ☐ C) Work permit ☐ D) Study permit ☐ E) Other _____

Date entered Canada: (mm/dd/yy)_____

OFFICE: A–C are provincially funded students

CONTACT INFORMATION

Custody: Are there any legal restrictions to this student? ☐ Yes ☐ No *(If yes, a copy of legal documents must be on file at the school)*

List in order of priority to call:

1st/Primary contact

LAST name:_____ FIRST name:_____ Relationship:_____

Address: ☐ Same as above Other:_____ Postal code: _____

Employer:_____ Work phone:_____ Ext.:_____

Home phone:_____ Cell:_____ Email:_____

Legal guardian? ☐ Yes ☐ No Can pick up student? ☐ Yes ☐ No Has custody of student? ☐ Yes ☐ No

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Send additional report card? ☐ Yes ☐ No This contact is restricted? ☐ Yes ☐ No

Phone number to call in case of emergency: _____

Upon registration, Parent Portal login information will be provided by the school.

2nd contact

LAST name:_____ FIRST name:_____ Relationship:_____

Address: ☐ Same as above Other:_____ Postal code: _____

Employer:_____ Work phone:_____ Ext.:_____

Home phone:_____ Cell:_____ Email:_____

Legal guardian ☐ Yes ☐ No Can pick up student ☐ Yes ☐ No Has custody of student ☐ Yes ☐ No

Send additional report card ☐ Yes ☐ No This contact is restricted ☐ Yes ☐ No

Phone number to call in case of emergency:_____ Would like Parent Portal access ☐ Yes ☐ No

3rd contact

LAST name:_____ FIRST name:_____ Relationship: _____

Address: ☐ Same as above Other:_____ Postal code: _____

Employer:_____ Work phone:_____ Ext.:_____

Home phone:_____ Cell:_____ Email: _____

Legal guardian ☐ Yes ☐ No Can pick up student ☐ Yes ☐ No Has custody of student ☐ Yes ☐ No

Send additional report card ☐ Yes ☐ No This contact is restricted ☐ Yes ☐ No

Phone number to call in case of emergency:_____ Would like Parent Portal access ☐ Yes ☐ No

Daycare or other contact

LAST name:_____ FIRST name:_____ ☐ Mr. ☐ Mrs. ☐ Ms. Relationship:_____

Address: ☐ Same as above Other:_____ Postal code: _____

Employer:_____ Work phone:_____ Ext.:_____

Home phone:_____ Cell:_____ Email:_____

Legal guardian? ☐ Yes ☐ No Can pick up student? ☐ Yes ☐ No Has custody of student? ☐ Yes ☐ No

This contact is restricted? ☐ Yes ☐ No Phone number to call in case of emergency: _____

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STUDENT TECHNOLOGY ACCESS AT HOME

Does the student have wireless Internet access at home?	☐ Yes ☐ No	
Select the device type(s) the student has access to at home.	☐ Chromebook	☐ Desktop
	☐ Laptop	☐ Tablet
	☐ Mobile phone (student-owned)	☐ No device
	☐ Mobile phone (parent-owned)	
Would the device(s) be brought to school?	☐ Yes ☐ No	

SIBLINGS

Please list the full legal names of all siblings of the student who are attending any RETSD schools—only those for whom the parent(s)/guardian(s) listed on page 1/2 are *legal* guardian(s).

SIGNATURES

The following signatures verify that the above information is true and accurate. Upon transfer/withdrawal of the student, the pupil file will be forwarded to the next school of attendance.

☐ 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. (If at any time you wish to be removed from our email list, please contact the school office.)

Email address: _____

Parent/guardian:_____or student (if 18 or older): _____

Date: _____

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 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 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

Is your child an Indigenous person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)? If "Yes," check the box(es) that best describe(s) your child now *(note: First Nations (North American Indian) include Status and Non-Status Indians)*:

☐ Yes, First Nation (North American Indian)

☐ Yes, Métis

☐ Yes, Inuk (Inuit)

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

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

MEDICAL QUESTIONNAIRE

Please complete the following *(specify* yes *if physician-diagnosed)*

1. Anaphylaxis	☐ Yes ☐ No	
2. Anaphylaxis—has EpiPen prescribed	☐ Yes ☐ No	
3. Asthma	☐ Yes ☐ No	
4. Asthma—has inhaler prescribed	☐ Yes ☐ No	
5. Bleeding (i.e. hemophilia, Von Willebrand disease)	☐ Yes ☐ No	_____
6. Cardiac condition	☐ Yes ☐ No	
7. Catheterization	☐ Yes ☐ No	
8. Central line	☐ Yes ☐ No	
9. Diabetes	☐ Yes ☐ No	
10. Gastrostomy	☐ Yes ☐ No	
11. Intermittent catheterization	☐ Yes ☐ No	
12. Medication	☐ Yes ☐ No	_____
13. Nasogastric tube	☐ Yes ☐ No	
14. Osteogenesis imperfecta	☐ Yes ☐ No	
15. Ostomy	☐ Yes ☐ No	
16. Oxygen	☐ Yes ☐ No	
17. Seizure disorder	☐ Yes ☐ No	
18. Steroid dependence	☐ Yes ☐ No	
19. Suctioning (A)—tracheal suctioning	☐ Yes ☐ No	
20. Suctioning (B)—oral/nasal suctioning	☐ Yes ☐ No	

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21. Tracheostomy ☐ Yes ☐ No

22. Ventilator ☐ Yes ☐ No

23. Other intervention/condition/diagnosis (not listed) * ☐ Yes ☐ No _____

***Other health condition(s) must be physician-diagnosed with supporting documentation provided.**

This medical information is being collected so that appropriate health-care plans and programming 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 school principal.

SUPPORT SERVICES

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

OFFICE: If any items have been checked off, forward to the school principal

☐ Resource ☐ School counsellor

☐ Reading ☐ Psychology

☐ Psychiatry ☐ Speech & language

☐ Social work ☐ Occupational therapy

☐ Physiotherapy ☐ Outside agency

☐ Child in care ☐ Other_____

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

Name of agency/support service:_____ Contact person: _____

Address:_____ Phone:_____

Briefly describe the reason for service: _____

_____

Name of agency/support service:_____ Contact person: _____

Address:_____ Phone:_____

Briefly describe the reason for service: _____

_____

The support services information is being collected so 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.