

# EAL NEWCOMER PRE-REGISTRATION

Please work with the newcomer family to complete this form at your school. Email the completed form to Dorothy Plett, newcomer reception facilitator, at [dplett@retsd.mb.ca](mailto:dplett@retsd.mb.ca).

## SCHOOL INFORMATION

School: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## STUDENT INFORMATION (please fill in one form for each student)

Name: \_\_\_\_\_  
Gender: Legal:  Male  Female  
Preferred (if applicable):  Trans male  Trans female  Two-Spirit  Gender non-conforming  
Birthdate: \_\_\_\_\_  
Date of arrival in Canada: \_\_\_\_\_  
Address: \_\_\_\_\_  
Languages spoken: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_

## CONTACT INFORMATION

If you have a sponsor, family member or settlement counsellor who helps you arrange meetings, please provide his or her information here.

Name: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_

## ADDITIONAL COMMENTS

If you have any other important information you would like to share with us, please provide it here.

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## OFFICE USE ONLY

Date received: \_\_\_\_\_  
Date of contact: \_\_\_\_\_  
Date of meeting: \_\_\_\_\_