

EAL NEWCOMER PRE-REGISTRATION

This form may be completed with the assistance of school staff or families/advocates can complete it on their own. If you need assistance in determining your child's school, our newcomer reception facilitator can provide this. Once completed, the form should be sent to the newcomer reception facilitator at newcomers@retsd.mb.ca.

SCHOOL INFORMATION

School: Bernie Wolfe School Date: _____
Contact person/phone #: Brenda Korchoski 204-958-6532

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

Name: First: _____ Last: _____
Gender: Legal: Male Female Other _____
Birthdate (mm/dd/yy): _____ Age: _____
Date of arrival in Canada (mm/dd/yy): _____ Country from: _____
Address: _____
Canadian/Ukrainian Authorization for Emergency Travel Yes No
All languages spoken: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian: _____
Father/Guardian: _____
Phone number(s): _____
Email address: _____
Parental status in Canada: Canadian Permanent resident Work/study permit Other: _____

CONTACT INFORMATION

If you have a sponsor, family member or settlement counsellor who helps you arrange meetings, add 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.

OFFICE USE ONLY

Date of contact: _____
Date of meeting: _____
Interpreter used: Family RETSD Name: _____
Completed by: _____ Checked by: _____
Status: P.R. Work permit Study permit Other _____
 EAL program CR/GAR/PSR/BVOR
Code level: 10 / 20 / 30 / 40 / 50 SSU No EAL (student not LAL or S1)
Stages: L____ S____ R____ W____