

REGISTRATION 2008-2009

FOR GRADE: _____

School Name: École Van Wallegem

Program: English French Immersion

Late French Immersion

Phone: 489-0995

Fax: 489-3792

International Student Program EAL

Student Information

Student Legal Name: _____
(Last) (First) (Middle)

* Birth Date: _____ Female Male
(year / month / day)

Address: _____ Postal Code: _____

Phone: _____ Unlisted

(* A birth certificate is required for Kindergarten registration)

Father's Name: _____ Mother's Name: _____

Father's Address: _____ Mother's Address: _____

Father's Business Phone: _____ Mother's Business Phone: _____

Father's Cell: _____ Mother's Cell: _____

Father's Place of Employment: _____ Mother's Place of Employment: _____

Parent email contact: _____

Legal Guardian's Name: _____

(A Legal Guardian is one who has been appointed as Guardian and awarded letters of guardianship by the Surrogate Court of the Province of Manitoba)

Student lives with:

- Parents
- Mother
- Father
- Other _____

Custody:

- Joint
- Mother
- Father
- Other * please provide documentation as necessary

Residency Status:

- Canadian Citizen:
- Permanent Resident
- Federally Funded
- Foreign Exchange
- Visa Student
- Refugee

Birth Country (if not Canada): _____

Out of Province

Agency _____

Visa Expiry Date: _____ (d/m/y)

Arrival Date in Canada: _____ (d/m/y)

Language Spoken at Home: _____

School Catchment Resident Previous School: _____ Prov. State: _____ Previous Grade: _____

Please put a check mark in the box that applies to your child:

Aboriginal OR Not-Aboriginal

If you have selected "Aboriginal" above, please select only one of the following:

First Nation (90) Metis (200) Inuit (300) Uncertain of ancestry (060)

You may also select up to two of the following linguistic identifiers:

Anisinaabe (Ojibway/Saulteaux) (100) Ininiw (Cree) (110) Dene (Sayisi) (120)

Dakota (130) Oji-Cree (140) Michif (240) Inuktituq (310)

Other (Please indicate) _____ (400)

Emergency Contact Person: (other than parents)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PLEASE COMPLETE REVERSE SIDE

Daycare / Babysitter

Name: _____ Phone: _____
Address: _____ Times child at Daycare/Sitter: _____

Brother(s) and/or Sister(s)

Name: _____ Birth Date: _____ Grade: _____ School: _____
Name: _____ Birth Date: _____ Grade: _____ School: _____
Name: _____ Birth Date: _____ Grade: _____ School: _____

Medical Information

Manitoba Health Registration No. _____ Personal Health Identification No. _____
Child's Physician: _____ Phone: _____

Please check if any of the following pertains to your child:

- Does your child wear glasses? Does your child wear contact lenses? Does your child have a hearing loss?
 Has your child received a head injury resulting in symptoms of a concussion within the last year?

If necessary, please elaborate: _____

Medical Information: Requirements for regular medications: The policy of Pembina Trails School Division discourages administering prescribed medications to any students by any member of staff. Parents/guardians are encouraged to make every effort to care for this part of their child's health. Please indicate any health care needs:

- Epi-Pen Bronchial Inhaler Asthma Diabetes Anaphylaxis Seizures Catheterization Other
 Allergies (identify): _____

Elaborate on health care needs if necessary: _____

If special medication and/or medical treatment is required, please complete the Authorization for Administration of Medication form available from the school. No medication can or will be dispensed by school personnel without completion and approval of this form.

Further Information: Please include any information you would like to add: _____

Emergency Procedures: If your child should become ill or be injured during the school date, the school will attempt to notify you. In an emergency situation, your child will be taken to a hospital or clinic for emergency treatment. In the event that an ambulance is deemed necessary, the parent/guardian will be billed for this service.

Photos and visits by media: The media may be invited to schools to interview and/or film students. These photo images of students and student work may be published or broadcast and included in our school newsletter. Please indicate if your child has your permission to participate: Yes No

Do we have permission to share home phone number with classmates? Yes No Parent Council? Yes No
Parent Rep Room? Yes No

Technology Acceptable Use Policy Agreement: I have received and reviewed the attached Pembina Trails School Division Technology Acceptable Use Policy Agreement with my child. We understand and agree to the terms and conditions stated in the policy.

E - NEWSLETTER:

Please check if you would like to receive your e-newsletter by email.

Pembina Trails Standard of Behaviour & Student Threat Assessment Fair Notice booklets: I have received a copy of the Standard of Behaviour & Student Threat Assessment Fair Notice booklet.s I understand that The Standard of Behaviour/Student Threat Assessment Fair Notice applies to participation at school, at school activities, to and from school, school sponsored activities and School Division activities and sponsored activities. It also applies to community behaviour that impacts the learning community. For returning students, a copy of the Standard of Behaviour brochure is available on our website.

Parent's Signature: _____ **Date:** _____

Note: Registration is not finalized until this form has been completed and approved.

This personal information is being collected under the authority of The Public Schools Act and the Education Administration Act for school related 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, please contact the Privacy Officer of Pembina Trails School Division. Student information is maintained in the pupil file.