

**FOR OFFICE USE ONLY**

Home Room #: \_\_\_\_\_  
 Advisor: \_\_\_\_\_  
 Counsellor: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_

Student Fees Paid:  Yes  No  
 Catchment:  In  Out

EAL  ISP  
 Mature Student  Schools of Choice  
 Previous Grad  MITT  
 URIS

**A. SCHOOL INFORMATION**

School Name: \_\_\_\_\_

For Grade: \_\_\_\_\_  Kindergarten A.M.  Kindergarten P.M.

Program: \_\_\_\_\_  English  French Immersion

**B. STUDENT INFORMATION**

Name: \_\_\_\_\_  
Surname First Middle

Name Known By: \_\_\_\_\_ \*Birth Date: \_\_\_\_\_  
(Day/Month/Year)

Gender:  Male  Female Lives on Own (age of majority):  Yes  No

Student Address: \_\_\_\_\_  
Street Address City/Province Postal Code

Phone: \_\_\_\_\_  Unlisted  
Primary Contact # Student Cell #

Pembina Trails Resident:  Yes  No Language(s) Spoken at Home: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_  
School Name City/Province Previous Grade

\*A birth certificate and proof of residency (e.g. mortgage, rental agreement, utility bill) is required for registration.  
 \*Should the student identify as a different gender, please contact school administration.

**C. PARENT/LEGAL GUARDIAN INFORMATION**

<input type="checkbox"/> Student Lives With	<input type="checkbox"/> Student Lives With	<input type="checkbox"/> Student Also Lives With
*Relationship to Student: _____	*Relationship to Student: _____	
Name: _____	Name: _____	
Address: _____ <small>Street Address City/Province Postal Code</small>	Address: _____ <small>Street Address City/Province Postal Code</small>	
Work Phone: _____ <input type="checkbox"/> Unlisted	Work Phone: _____ <input type="checkbox"/> Unlisted	
Home Phone: _____ <input type="checkbox"/> Unlisted	Home Phone: _____ <input type="checkbox"/> Unlisted	
Cell Phone: _____	Cell Phone: _____	
Email Address: _____	Email Address: _____	

\*A Legal Guardian is one who has been appointed as Guardian and awarded letters of guardianship by the Court of Queen's Bench of the Province of Manitoba

**D. LEGAL CUSTODY INFORMATION (Please provide documentation as necessary)**

Joint  Mother  Father  \*Appointed Guardian  \*Agency \_\_\_\_\_

\*Joint Custody pertains to those parents who have legal agreements in place for child custody

**E. EMERGENCY CONTACT INFORMATION (Persons other than legal guardians)**

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  Unlisted Work Phone: \_\_\_\_\_  Unlisted  
Home Phone: \_\_\_\_\_  Unlisted Home Phone: \_\_\_\_\_  Unlisted  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**F. RESIDENCY STATUS (Please provide documentation as necessary)**

Canadian Citizen Country of Birth (if not Canada): \_\_\_\_\_ Immigration Date: \_\_\_\_\_  
(Day/Month/Year)  
Parental Status: Is at least one (1) parent a Canadian Citizen?  Yes  No  
 Permanent Resident Date Permanent Residency Granted: \_\_\_\_\_  
(Day/Month/Year)  
 Inbound Foreign Exchange (210) Agency: \_\_\_\_\_  
 Visa Student (190) Visa Expiry Date: \_\_\_\_\_  
(Day/Month/Year)  
 Band Sponsored (340) Name of the Band: \_\_\_\_\_

**G. ABORIGINAL IDENTITY DECLARATION**

**Authorization and Statement of Understanding:** Aboriginal 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 Aboriginal learners. Providing this 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 as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.

**Annual Declaration:**

I \_\_\_\_\_ (name of parent/guardian):  
 Am submitting my child's Aboriginal Identity Declaration for the first time  
 Am making changes to my child's Aboriginal Identity Declaration  
 Already submitted my child's Aboriginal Identity Declaration and have no further changes at this time

**Aboriginal Self-Identification:**

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?  
Note: First nations (North American Indian) includes Status and Non-Status Indians  
If "Yes", mark the square(s) that best describe your child now:

Yes, First Nation (North American Indian)  
 Yes, Métis  
 Yes, Inuk (Inuit)

**Linguistic and Cultural Groups:**

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

- Anishinaabe (Ojibway/Salteaux)                       Ininiw     Dene (Sayisi)
- Dakota     Oji-Cree     Michif
- Inuktitut     Other - please specify \_\_\_\_\_

**H. SIBLING INFORMATION (18 years and under)**

Name:	Gender:	Birth Date:	School:
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
		(Day/Month/Year)	

**I. MEDICAL INFORMATION**

Personal Health Identification No: \_\_\_\_\_ International Medical #: \_\_\_\_\_  
(9 digit number) (ISP)

**Emergency Procedures:** If your child should become ill or be injured during the school day, 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.

**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 or conditions:**

- Asthma     Diabetes     Seizure Disorder     Life-Threatening Allergy (please identify) \_\_\_\_\_
- Other (please identify) \_\_\_\_\_

Elaborate on health care needs if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. PEMBINA TRAILS POLICY AND PRACTICE**

The following policies and practices have been reviewed with my child:

- Standard of Behaviour
- Technology Acceptable Use Policy (IJNDC)
- Hazing Policy (JICFA) - Senior Years only

The following policies and practices have also been reviewed:

- Attendance Policy (JE)
- Media Relations and Media Release (KDD)
- Pembina Trails Fair Notice and Practice - Student Threat Assessment Brochure

**\*Please refer to the policies located on the divisional website at: [www.pembinatrails.ca](http://www.pembinatrails.ca) for more information as well as additional required forms such as the Media Release Form for students (KDD-E1) and the Technology Acceptable Use Agreement for students (IJNDC-E-1).**

Student Signature	Date

Parent/Guardian Signature	Date

Grades 9 - 12 only

**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.**