



STUDENT REGISTRATION FORM – Rolling River School Division

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian. *Registration will not be permitted until all necessary documentation has been provided.* This form is used to enroll a student who is new to Rolling River School Division, or who is returning to the Division. Use this form to record important changes, such as the student identification (legal name, date of birth, gender, identification document type and document number), legal relationship of student and parent/guardian, or Aboriginal self-identification.

Office Use Only			
MET #	<input type="text"/>	School	<input type="text"/>
Grade	<input type="text"/>	Room	<input type="text"/>
		First Day of School	<input type="text"/>

STUDENT INFORMATION

Registering for grade:			
Student's <u>Legal</u> Last Name			
Student's <u>Legal</u> First Name		Student's <u>Legal</u> Middle Name	
Preferred Called Name		Date of Birth	
Gender	Aboriginal Ancestry (if applicable)	RRFN Student? <input type="checkbox"/>	
Student's Address (<i>Residence – Apartment #, Street Name & #, Section/Township/Range</i>)			
Address	City	Province	Postal Code
Mailing Address (<i>if different than student's residence – mail-outs from school will be sent to this address – Box #, Group #, RR #</i>)			
Address	City	Province	Postal Code
Student Home Phone (<i>with area code</i>)		Student Cell Phone (<i>with area code</i>)	

SCHOOL HISTORY

Has the student registered at a Rolling River School in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school?	
Last school attended <u>in</u> Manitoba: _____	Last school attended <u>outside</u> Manitoba: _____
Date of last attendance: _____	Date of last attendance: _____
Is the student a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from which school/city/province?	

CITIZENSHIP STATUS

Citizenship Status	Citizenship Declaration	Legal Document	OFFICE USE Initial for copy received
Is English the student's first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Canadian Citizen	Birth Certificate or Passport	
Primary language spoken at home?	<input type="checkbox"/> Landed Immigrant	Landed Immigrant paper	
Place of Birth City Province Country	<input type="checkbox"/> Parent Work Permit/Visa	Expiry Date MM: DD YY	
Birth Country, if NOT Canada	<input type="checkbox"/> Parent Study Permit/Visa	Expiry Date MM: DD YY	
Date entered into Canada Month Day Year	<input type="checkbox"/> Permanent Resident	Permanent Resident paper	
	<input type="checkbox"/> Refugee Claimant	Refugee Claimant paper	
	<input type="checkbox"/> Other:	Other:	

PARENT/LEGAL GUARDIAN INFORMATION

Student Name: _____

Are the parent(s)/guardian(s) residents of Rolling River School Division? No, complete the **Out of Division School of Choice Form**.

Are the parent(s)/guardian(s) residents in the school catchment area? No, complete the **Within Division School of Choice Form**.

Is child currently in CFS Care? Yes No If yes **CFS = First/Parent/Legal Guardian / **Foster Family = Optional-Other Relevant Adult

First Parent – Legal Guardian	Name (Last, First)		Mr., Mrs., Ms., Dr., etc.	School Messenger Contact <input type="checkbox"/>
	Address (if different from student's)		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	City	Province	Postal Code
	Home Phone (with area code)		Business Phone (with area code)	
	Other Phone (with area code)		Email	

Second Parent – Legal Guardian	Name (Last, First)		Mr., Mrs., Ms., Dr., etc.	School Messenger Contact <input type="checkbox"/>
	Address (if different from student's)		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	City	Province	Postal Code
	Home Phone (with area code)		Business Phone (with area code)	
	Other Phone (with area code)		Email	

Optional – Other Relevant Adult	Relationship to Student:			
	Name (Last, First)		Mr., Mrs., Ms., Dr., etc.	School Messenger Contact <input type="checkbox"/>
	Address (if different from student's)		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	City	Province	Postal Code
	Home Phone (with area code)		Business Phone (with area code)	
Other Phone (with area code)		Email		

CUSTODY	Are there any custody documents related to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		OFFICE USE Initial for copy received
	If yes, provide a copy of the legal document.		
	Is there any restricted contact related to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide name and copy of legal document. Name: _____			
Would you like an additional report card sent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide name and address. _____			

SIBLING INFORMATION	Sibling Name	M/F	Date of Birth (M/D/Y)	School/Grade Attending

EMERGENCY/STORM BILLET INFORMATION

Student Name: _____

EMERGENCY CONTACTS (NOT STUDENT'S PARENT/LEGAL GUARDIAN)

Emergency Contact Name #1

Home Phone of Emergency Contact #1 (with area code)

Other Phone (with area code)

Emergency Contact Name #2

Home Phone of Emergency Contact #2 (with area code)

Other Phone (with area code)

Storm Billet Name Contact

Home Phone of Storm Billet Contact (with area code)

Other Phone (with area code)

STUDENT TRANSPORTATION – *Bus Students ONLY*

Does your child require school bus transportation? Yes No If you have answered yes, provide pick up/drop off address below:

(Sec/Township/Range / Municipality / Lane#): _____

RECEIVING SCHOOL INFORMATION

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 _____

STUDENT PERMISSION – GRADES 7-10 ONLY

I grant permission for my son/daughter to leave the school grounds during NOON HOUR for the current school year.

I DO NOT grant permission for my son/daughter to leave the school grounds during NOON HOUR for the current school year.

STUDENT PERMISSION – GRADES 11-12 ONLY

I grant permission for my son/daughter to leave the school grounds during NOON HOUR and UNASSIGNED TIME for the current school year.

I DO NOT grant permission for my son/daughter to leave the school grounds during NOON HOUR and UNASSIGNED TIME for the current school year.

MEDICAL INFORMATION

Student Name: _____

MB PHIN Medical #: (9-digit)

Please check (X) "Yes" or "No" for all health care needs below:

Anaphylaxis Yes No

Asthma Yes No

Bleeding Disorder Yes No

Cardiac Condition Yes No

Clean Intermittent Catheterization Yes No

Diabetes Yes No

Gastrostomy Care Yes No

Osteogenesis Imperfecta Yes No

Ostomy Care Yes No

Pre-Set Oxygen Yes No

Seizure Disorder Yes No

Endocrine Condition Yes No

Suctioning (Oral/Nasal) Yes No

The parent/guardian may also inform the community program at any time that their child has a health care need that is eligible for URIS Group B support.

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.

Other Medical Considerations:

Other Medical Alerts:

STUDENT SERVICES INFORMATION

Student Name: _____

The Support Services Information is being collected so appropriate educational services can 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.

Please indicate if the student has utilized any of the following services in a school they have attended:

In-School Supports	Name of Contact	Phone #
<input type="checkbox"/> Resource		
<input type="checkbox"/> Reading Recovery		
<input type="checkbox"/> School Social Worker		
<input type="checkbox"/> School Counsellor		
<input type="checkbox"/> Psychology		
<input type="checkbox"/> Speech & Language		
<input type="checkbox"/> Other:		

Outside Agency Supports	Name of Contact	Phone #
<input type="checkbox"/> Child Family Services		
<input type="checkbox"/> Probation		
<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Psychiatry		
<input type="checkbox"/> Physiotherapy		
<input type="checkbox"/> Occupational Therapy		

The following signature verifies that the above information is true and accurate. Upon transfer or withdrawal of the student, the information will be forwarded to the next school of attendance.

Parent/Guardian _____ Date _____