



KINDERGARTEN to GRADE 12 REGISTRATION FORM

Brandon School Division

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

Before a student is 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 Brandon School Division, transferring schools within Brandon School Division, or is returning to the Division.

Office Use Only			
MET #	<input style="width: 90%;" type="text"/>	School	<input style="width: 90%;" type="text"/>
Grade	<input style="width: 30%;" type="text"/>	Homeroom	<input style="width: 30%;" type="text"/>
First Day of School	<input style="width: 100%;" type="text"/>		Student Number
<input style="width: 100%;" type="text"/>			

STUDENT INFORMATION

Registering for grade: _____

Student's Legal Last Name _____

Student's Legal First Name _____ Student's Legal Middle Name _____

Preferred Last Name _____ Preferred First Name _____

Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	MB PHIN # (9-digit Manitoba Health number)
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Student's Address (*Residence – Apartment, House, Street Name*)

Address _____ City _____ Province _____ Postal Code _____

Mailing Address (*if different than student's residence – mail from school will be sent to this address – E.g. Site #, Box #, RR #*)

Address _____ City _____ Province _____ Postal Code _____

Rural Civic Number (<i>blue sign end of lane</i>)	Legal Road Number	Community Name
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Rural addresses must list the civic number, legal road number/name and community name. E.g. 123456 Rd 22 Souris Glenwood

Student Home Phone (<i>with area code</i>)	Student Cell Phone (<i>with area code</i>) <i>Over 18 years only</i>
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Is English the student's first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary language spoken at home if NOT English?	Birth Country, if NOT Canada
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SCHOOL HISTORY

Has the student registered at a Brandon School in the past? Yes 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? Yes No If yes, from which school/city/province? _____

Office Use Only – Registration Verification	Approved Documents	Initial - copy received	Initial – added to student file
<ul style="list-style-type: none"> Parent/guardian may present any of the approved documents to verify student's Legal Names, and Date of Birth. Establish Guardianship through an approved document that lists the parent/guardian as the custodial parent. Establish Proof of Residence via the custodial parent's driver's license, most recent property tax statement, or current tenancy agreement. 	Birth Certificate		
	Baptismal Certificate		
	Landed Immigrant card		
	Passport / Permanent Resident document		
	Certificate of Live Birth		
	Manitoba Health Card (interim document)		
	Other:		
	Proof of Residence		
Additional Notes:			

PARENT/LEGAL GUARDIAN INFORMATION

Is child currently in CFS Care? Yes No If yes, ensure that this document is accompanied by the Child in Care Form. As the legal guardian, the CEO of the Child in Care Agency must sign this registration document.

CUSTODY	Are there any custody documents related to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the legal document.		OFFICE USE Initial - copy of legal document received
	FAMILY CIRCUMSTANCES Are there any family circumstances about which you wish the school to be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.		
Priority One Contact Parent / Legal Guardian	I am a legal guardian of this student <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship <input type="checkbox"/> mother <input type="checkbox"/> father OR <input type="checkbox"/> legal guardian
	Name (Last, First)		
	Address (if different from student)		Does the student reside with this individual? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No
	Address	City	Province Postal Code
	Home Phone (with area code)	Business Phone (with area code)	Place of Employment
	Cell Phone (with area code)	Email	Contact may pick up student from school <input type="checkbox"/> Yes <input type="checkbox"/> No
Call in case of Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact receives mail for this student – physical mail and email communication <input type="checkbox"/> Yes <input type="checkbox"/> No		
Priority Two Contact Parent / Legal Guardian	I am a legal guardian of this student <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship <input type="checkbox"/> mother <input type="checkbox"/> father or <input type="checkbox"/> legal guardian
	Name (Last, First)		
	Address (if different from student)		Does the student reside with this individual? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No
	Address	City	Province Postal Code
	Home Phone (with area code)	Business Phone (with area code)	Place of Employment
	Cell Phone (with area code)	Email	Contact may pick up student from school <input type="checkbox"/> Yes <input type="checkbox"/> No
Call in case of Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact receives mail for this student – physical mail and email communication <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMERGENCY CONTACTS A LOCAL contact who may be contacted if the student's priority 1 and 2 contacts are unavailable.			
Priority Three Contact - Other Relevant Adult	Relationship to Student		
	Name (Last, First)		Does the student reside with this individual? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No
	Home Phone (with area code)	Business Phone (with area code)	Cell Phone (with area code)
	Email	Contact may pick up student from school <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACTS

A LOCAL contact who may be contacted if the student's priority 1 and 2 contacts are unavailable.

Priority Four Contact - Other Relevant Adult	Relationship to Student		
	Name (Last, First)		Does the student reside with this individual? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No
	Home Phone (with area code)	Business Phone (with area code)	Cell Phone (with area code)
	Email	Contact may pick up student from school <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child Care Contact	Name (Last, First)		Address	
			Address	City
	Home Phone (with area code)		Cell Phone (with area code)	
Contact in case of Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No			Contact may pick up student from school <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIBLING INFORMATION	Sibling Name (school age siblings)	Gender	Date of Birth (MM/DD/YYYY)	School/Grade Attending

INDIGENOUS IDENTITY DECLARATION

Indigenous 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 Indigenous Learners. Providing this personal 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.

I _____, (name of parent/guardian, please print clearly):

- Am submitting my child's Indigenous Identity Declaration for the first time
- Am making changes to my child's Indigenous Identity Declaration
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

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

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

What best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other – please specify _____

TECHNOLOGY and COMMUNICATIONS RESOURCES USER AGREEMENT

Student Section (to be completed by students Grade 4 -12)

Information and Communication Technologies (ICT) Use by Students

Please read the following statement and check the box to confirm your agreement:

As a student/user of BSD technology, I have read the terms and conditions contained in the User Agreement and the Technology and Communications Resources User Procedures found at the end of this package and agree that I shall comply. I understand my responsibilities pertaining to the use of Technology and Communications resources, and that any violation of the conditions, rules and guidelines set out in the Procedures may result in a loss of privileges and/or other consequences as deemed necessary.

STUDENT SIGNATURE: _____

DATE: _____

Parent/Guardian Section (to be completed by student or parent/guardian where student is under 18 years of age)

Section A: Information and Communication Technologies (ICT) Use by Students

Please read the following statement and check the box to confirm.

As a parent/guardian of _____ (child's full name), I have read the terms and conditions contained in this User Agreement and the Technology and Communications Resources User Procedures found at the end of this package, have reviewed them with my child and agree that my child shall comply. I understand my child's responsibilities pertaining to the use of Technology and Communications resources, and that any violation of the conditions, rules and guidelines set out in the Procedures may result in a loss of privileges and/or other consequences deemed necessary.

If you **DO NOT** wish your child to be able to access computer technology, please read the following statement and check the box to confirm:

My child **WILL NOT** be assigned a userid and password and **WILL NOT** have access to computer technology through Brandon School Division

Section B: BSD Student Email User Agreement

A BSD email account is a valuable tool that will assist in teacher communication and accessing assignments and various applications used by BSD for educational and communication purposes. Your child will be assigned a BSD email address unless you opt out.

If you **DO NOT** wish your child to be assigned a BSD email account, read the following statement and check the box to confirm.

DO NOT assign my child a BSD email account

Section C: External and Internal Student Media Release

In order to comply with *The Freedom of Information and Protection of Privacy Act (FIPPA)*, the Brandon School Division requests consent from the parent/guardian to post or publish student information and work in/on various public forums.

Please check "Yes" or "No" for each

Yes No I hereby consent that I and/or my child may be photographed or recorded (audio or video) and have my and/or my child's image published as outlined in the Technology and Communications Resources User Procedures.

Yes No I hereby consent that I and/or my child may participate in media events that may be published or broadcast by organizations external to the Brandon School Division.

Yes No I hereby consent that I and/or my child may be showcased or interviewed by external media and may be published or broadcast.

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information I have provided on this form is complete and accurate. *I will notify the school of any changes to the information on this form.*

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please complete the following URIS Group B medical/health information. This personal information or personal health information is being collected under the authority given to the Brandon School Division under The Public Schools Act and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of privacy provisions of The Freedom of Information and Protection of Privacy Act (including, but not limited to section 37) and The Personal Health Information Act (including, but not limited to Part 3, Division 1). If you have any questions about the collection, contact the Brandon School Division Access and Privacy Officer at 204-729-3100.

Please check (X) "yes" or "no" for all health care needs below:

- Yes No 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 imperfect
- Yes No Ostomy care
- Yes No Pre-set oxygen
- Yes No Seizure disorder
- Yes No Endocrine condition
- Yes No Suctioning (oral/nasal)

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.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____