## SWAN VALLEY SCHOOL DIVISION Student Registration Form

HR		
	Cum File Request	

This personal information is being collected under the authority of the Public Schools Act/Education Administration Act and will be used for the purpose of educating your child. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions regarding the collection, please contact your school.

SC	HOOL INFORMATION:												
Sc	hool Name: Swan Valley Reg	ol <b>Enrollmen</b>	Enrollment Date:										
Sc	hool Year: 2022-2023 Grad	Previously	Previously enrolled within the SVSD:										
Pre	evious School Name:		Bus Numb	Bus Number:									
Pre	evious School Address:		Bus Drive	Bus Driver:									
ST	UDENT INFORMATION:												
Le	gal Name:					Legal	Gender:	M	F				
Pre	eferred Name:			Preferred Gender: M F X									
Bir	thdate: MM/DD/YYYY		Home Pho	Home Phone Number:									
Stu	udent Mobile:		Primary C	onta	ct Number:								
Stu	udent Personal Email:		Secondary	y Co	ntact Numb	er:							
Ph	ysical Address: Street, Tov	vn, Province, Postal Co	ode										
Ма	iling Address: Street/Box	/RR, Town, Province, F	Postal Code										
LE	GAL CUSTODY INFORMATIO	N:		1									
lf	not Joint - Both Parents, plea	ase indicate custody	arrangement	Care of Child and Family Services									
	Joint - Primary Mother	Sole - Mother Only		Agency:									
	Joint - Primary Father	Sole - Father Only		Agency must complete a School Registration Form –									
	Legal Guardian	ument on file	nent on file Child in Care from Healthy Child Manitoba										
Ple	ease provide the names of inc	lividuals denied acce	ss by the cour	t, to	the school.								
CC	ONTACT 1 INFORMATION:												
Na	me: Last Name, First Name	Relationship:											
En	nail:	·Please correct any ·Phone numbers a	ppea	r in priority orde	Lives With								
1	Work:	Re-number for characteristics At least one Conta			s	School Pickup							
2	Daytime:	Storm Billet. Receives Mail only	y for a	addresses differ	ent	Emergency Contact			ct				
3	Home:		that Student Home	at Student Homé Address above.  Storm Billet									
Receives Mail Address:							Data Access						
CC	ONTACT 2 INFORMATION:												
Na	me: Last Name, First Name	Relationship:											
En	nail:		Phone numbers a	lease correct any necessary flags. hone numbers appear in priority order.			Lives With						
1	:	·At least one Conta	e-number for changes. It least one Contact must be flagged as			School Pickup							
2	:	Storm Billet. Receives Mail only				Emergency Contact			ct				
3	:			at Student Home Address above.			Storm Bille	et					
	Receives Mail Address:							SS					

CONTACT 3 INFORMATION:											
Name: Last Name, First Name					lationship:	Custody					
Email:					ease correct any necessary fla	Lives With					
:					one numbers appear in priority number for changes.	School Pickup					
2 :				Sto	least one Contact must be flag rm Billet.	Emergency Contact					
3:					eceives Mail only for addresses t Student Home Address abov		rent	Storm Billet			
Receives Mail Address:								Data Access			
CONTACT 4 INFORMATION:											
Name: Last Name, First Name				Re	Relationship: Custody						
Email:					ease correct any necessary fla			Lives With			
1 :				Re-	one numbers appear in priority number for changes.			School Pickup			
2 :				Sto	least one Contact must be flag	_		<b>Emergency Contact</b>			
3:	Receives Mail only for addresses different that Student Home Address above.						rent	Storm Billet			
Receives Mail Address:								Data Access			
SIBLING INFORMATION:											
Name of Sibling	3			Gender	Date of Birth		Scl	hool Attending	Grade		
1											
2											
3											
4											
MEDICAL INFORMATION											
MB Health: (Registration # - 6 digit)					PHIN: (Personal Health ID	# - 9	digit)	)			
Does your child have			(if Yes, pl	ease desc	ribe)						
Y N a non-life-threatening alle	rgy?	•									
Y N medications to be admini	stere	ed a	t schoo	ol?							
Y N a physical challenge/disa	bility	?									
Family Doctor:					Phone Number:						
Please complete the following URIS Group I under the authority given to the Swan Valley health and safety of the student. It is protect and The Personal Health Information Act (in Swan Valley School Division office (204)	School ed by cluding	ol Di The g, bu	ivision und Freedom	der The Pu of Informa	ublic Schools Act and will be us tion and Protection of Privacy	ed fo Act (i	r edu ncludi	cational purposes or to e ing, but not limited to, se	ensure the ection 37)		
Please check "Yes" or "No" for e	ach l	hea	Ith care	need:				ı			
Y N Anaphylaxis	Υ	Ν	Clean	intermit	tent catheterization	Υ	Ν	Ostomy care			
Y N Asthma	Υ	Ν	Diabetes Y 1				Ν	Pre-set oxygen			
Y N Bleeding disorder	Υ	Ν	Gastrostomy care Y N				Seizure disorder				
Y N Cardiac condition	Υ	Ν	Osteogenesis imperfecta Y N				Suctioning (oral/nasal)				
AUTHORIZATION:											
To the best of my knowledge, the information provided on this form is true and accurate.  Contact # (1,2,3,4) Print Name Signature Date											

in a with	genous Identity Declaration helps to support the efforts of Manitoba Edway that is responsive to Indigenous learners. (Providing this personal section 36(1)(b) of The Freedom of Information and Protection of Privalitoba and school divisions to plan, deliver and improve programs.)	infori	mation	ı is v	oluntary and optional. It is being	collected in compliance			
	I am submitting my child's Indigenous Identity Decla	arati	on fo	or th	ne first time.				
	I am making changes to my child's Indigenous Ident	ity [	Decla	arat	ion.				
	I already submitted my child's Indigenous Identity D	ecla	ratio	on a	nd have no further char	nges at this time.			
	igenous Self-Declarations:				guistic and Culture Gro	· ·			
Mét	Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, 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:  Which best describes your child's Indigenous cultural-linguistic identity?  Please select up to two choices:								
	Yes, First Nation (North American Indian)				Anishinaabe	Oji-Cree			
	Yes, Métis				(Ojibway/Saulteaux)	Michif			
	Yes, Inuk (Inuit)				Ininiw	Inuktitut			
					Dene (Sayisi)	Other			
					Dakota	Please specify			
SP	ONSORSHIP:								
Thi	s section is for students who reside outside of the so	choc	ol div	/isic	on				
	Sapotaweyak First Nation Frontier School Division								
	Wuskwi Sipihk First Nation Good Spirit School Division								
	Treaty Number: Other:								
	DIA RELEASE:								
and At tl	The Swan Valley School Division recognizes that print, digital media and the internet as well as the news media, provide ideal means to showcase and promote School and Divisional activities and share student work with other students, parents/guardians, staff and the global community.  At the same time however, the Division remains committed to the protection, privacy and safety of all students. For this reason, the Division has								
lder pub	established Administrative Procedure 405: Media Relations and Media Release.  Identification and publication may take place via photo, print, video, websites or any other Divisionally sanctioned online collaboration, sharing or publishing platform, whether accessed through the web, a mobile device, text messaging, email or any other existing or emerging communications platform.								
Υ	N I give permission for my child's photo to be take	n by	y a ve	end	or for the purpose of an	nual school pictures			
	and yearbook if available along with print, digita	l me	dia,	the	internet as well as the r	news media.			
Υ	Y N I give permission for my child's photo to appear in school publications (i.e. newsletters, promo-materials								
and website).									
Y N I give permission for my child's photo to appear in school-based social media (names of children are not									
	included in any distribution).								
All	THORIZATION:								
	To the best of my knowledge, the information provided on this form is true and accurate.								
10	To the best of my knowledge, the information provided on this form is true and accurate.								
-	Contact # (1,2,3,4) Print Name			Signa	ature	Date			

**INDIGENOUS IDENTIY DECLARATION:**