



**SWAN VALLEY SCHOOL DIVISION  
Student Registration Form**

<b>HR</b>
<input type="checkbox"/> 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.*

SCHOOL INFORMATION:										
<b>School Name:</b>					<b>Enrollment Date:</b>					
<b>School Year: 2023-2024    Grade: Kindergarten</b>					<b>Previously enrolled within the SVSD:</b>			<input type="checkbox"/> Y	<input type="checkbox"/> N	
<b>Previous School Name:</b>					<b>Bus Number:</b>					
<b>Previous School Address:</b>					<b>Bus Driver:</b>					
STUDENT INFORMATION:										
<b>Legal Name:</b>						<b>Legal Gender:</b>		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/>
<b>Preferred Name:</b>						<b>Preferred Gender:</b>		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> X
<b>Birthdate:</b> MM/DD/YYYY				<b>Home Phone Number:</b>						
<b>Student Mobile:</b>				<b>Primary Contact Number:</b>						
<b>Student Personal Email:</b>				<b>Secondary Contact Number:</b>						
<b>Physical Address:</b> Street, Town, Province, Postal Code										
<b>Mailing Address:</b> Street/Box/RR, Town, Province, Postal Code										
LEGAL CUSTODY INFORMATION:										
<b>If not Joint - Both Parents, please indicate custody arrangement</b>						<b>Care of Child and Family Services</b>				
<input type="checkbox"/>	<b>Joint - Primary Mother</b>		<input type="checkbox"/>	<b>Sole - Mother Only</b>		<b>Agency:</b>  <i>Agency must complete a School Registration Form – Child in Care from Healthy Child Manitoba</i>				
<input type="checkbox"/>	<b>Joint - Primary Father</b>		<input type="checkbox"/>	<b>Sole - Father Only</b>						
<input type="checkbox"/>	<b>Legal Guardian</b>		<input type="checkbox"/>	<b>Copy of Legal Document on file</b>						
<b>Please provide the names of individuals denied access by the court, to the school.</b>										
CONTACT 1 INFORMATION:										
<b>Name:</b> Last Name, First Name					<b>Relationship:</b>			<b>Custody</b>		
<b>Email:</b>					<i>·Please correct any necessary flags. ·Phone numbers appear in priority order. Re-number for changes. ·At least one Contact must be flagged as Storm Billet. ·Receives Mail only for addresses different that Student Home Address above.</i>			<b>Lives With</b>		
1	<b>Work:</b>							<b>School Pickup</b>		
2	<b>Daytime:</b>							<b>Emergency Contact</b>		
3	<b>Home:</b>							<b>Storm Billet</b>		
<b>Receives Mail Address:</b>					<b>Data Access</b>					
CONTACT 2 INFORMATION:										
<b>Name:</b> Last Name, First Name					<b>Relationship:</b>			<b>Custody</b>		
<b>Email:</b>					<i>·Please correct any necessary flags. ·Phone numbers appear in priority order. Re-number for changes. ·At least one Contact must be flagged as Storm Billet. ·Receives Mail only for addresses different that Student Home Address above.</i>			<b>Lives With</b>		
1	<b>Work:</b>							<b>School Pickup</b>		
2	<b>Daytime:</b>							<b>Emergency Contact</b>		
3	<b>Home:</b>							<b>Storm Billet</b>		
<b>Receives Mail Address:</b>					<b>Data Access</b>					

CONTACT 3 INFORMATION:								
<b>Name:</b> Last Name, First Name		<b>Relationship:</b>		<b>Custody</b>				
<b>Email:</b>		·Please correct any necessary flags. ·Phone numbers appear in priority order. Re-number for changes. ·At least one Contact must be flagged as Storm Billet. ·Receives Mail only for addresses different that Student Home Address above.		<b>Lives With</b>				
1	<b>Work:</b>			<b>School Pickup</b>				
2	<b>Daytime:</b>			<b>Emergency Contact</b>				
3	<b>Home:</b>			<b>Storm Billet</b>				
<b>Receives Mail Address:</b>				<b>Data Access</b>				
CONTACT 4 INFORMATION:								
<b>Name:</b> Last Name, First Name		<b>Relationship:</b>		<b>Custody</b>				
<b>Email:</b>		·Please correct any necessary flags. ·Phone numbers appear in priority order. Re-number for changes. ·At least one Contact must be flagged as Storm Billet. ·Receives Mail only for addresses different that Student Home Address above.		<b>Lives With</b>				
1	<b>Work:</b>			<b>School Pickup</b>				
2	<b>Daytime:</b>			<b>Emergency Contact</b>				
3	<b>Home:</b>			<b>Storm Billet</b>				
<b>Receives Mail Address:</b>				<b>Data Access</b>				
SIBLING INFORMATION:								
	<b>Name of Sibling</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>School Attending</b>	<b>Grade</b>			
1								
2								
3								
4								
MEDICAL INFORMATION								
<b>MB Health:</b> (Registration # - 6 digit)			<b>PHIN:</b> (Personal Health ID # - 9 digit)					
<b>Does your child have...</b> (if Yes, please describe)								
Y	N	<b>a non-life-threatening allergy?</b>						
Y	N	<b>medications to be administered at school?</b>						
Y	N	<b>a physical challenge/disability?</b>						
<b>Family Doctor:</b>			<b>Phone Number:</b>					
<p>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 Swan Valley 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 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 Swan Valley School Division office (204)734-4531.</p>								
<b>Please check "Yes" or "No" for each health care need:</b>								
Y	N	<b>Anaphylaxis</b>	Y	N	<b>Clean intermittent catheterization</b>	Y	N	<b>Ostomy care</b>
Y	N	<b>Asthma</b>	Y	N	<b>Diabetes</b>	Y	N	<b>Pre-set oxygen</b>
Y	N	<b>Bleeding disorder</b>	Y	N	<b>Gastrostomy care</b>	Y	N	<b>Seizure disorder</b>
Y	N	<b>Cardiac condition</b>	Y	N	<b>Osteogenesis imperfecta</b>	Y	N	<b>Suctioning (oral/nasal)</b>
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		

**INDIGENOUS IDENTIY 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 am submitting my child’s Indigenous Identity Declaration for the first time.

I am making changes to my child’s Indigenous Identity Declaration.

I already submitted my child’s Indigenous Identity Declaration and have no further changes at this time.

<b>Indigenous Self-Declarations:</b>		<b>Linguistic and Culture Groups:</b>	
<i>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:</i>		<i>Which best describes your child’s Indigenous cultural-linguistic identity? Please select up to two choices:</i>	
<input type="checkbox"/> Yes, First Nation (North American Indian)	<input type="checkbox"/>	<input type="checkbox"/> Anishinaabe	<input type="checkbox"/> Oji-Cree
<input type="checkbox"/> Yes, Métis	<input type="checkbox"/>	<input type="checkbox"/> (Ojibway/Saulteaux)	<input type="checkbox"/> Michif
<input type="checkbox"/> Yes, Inuk (Inuit)	<input type="checkbox"/>	<input type="checkbox"/> Ininiw	<input type="checkbox"/> Inuktitut
	<input type="checkbox"/>	<input type="checkbox"/> Dene (Sayisi)	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/> Dakota	<input type="checkbox"/> Please specify

**SPONSORSHIP:**

This section is for students who reside outside of the school division

<input type="checkbox"/> Sapotaweyak First Nation	<input type="checkbox"/> Frontier School Division
<input type="checkbox"/> Wuskwi Sipiik First Nation	<input type="checkbox"/> Good Spirit School Division
Treaty Number: <input type="text"/>	Other: <input type="text"/>

**MEDIA RELEASE:**

*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 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.*

Y  N I give permission for my child’s photo to be taken by a vendor for the purpose of annual school pictures and yearbook if available along with print, digital media, the internet as well as the news media.

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).

**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