



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.

SCHOOL INFORMATION:									
School Name:					Enrollment Date:				
School Year: 2025-2026 Grade: Kindergarten					Previously enrolled within the SVSD:			Y	N
Previous School Name:					Bus Number:				
Previous School Address:					Bus Driver:				
STUDENT INFORMATION:									
Legal Name:					Legal Gender:		M	F	
Preferred Name:					Preferred Gender:		M	F	X
Birthdate: MM/DD/YYYY					Home Phone Number:				
Student Mobile:					Primary Contact Number:				
Student Personal Email:					Secondary Contact Number:				
Physical Address: Street, Town, Province, Postal Code									
Mailing Address: Street/Box/RR, Town, Province, Postal Code									
LEGAL CUSTODY INFORMATION:									
If not Joint - Both Parents, please 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 – Child in Care from Healthy Child Manitoba					
Legal Guardian		Copy of Legal Document on file							
Please provide the names of individuals denied access by the court, to the school.									
CONTACT 1 INFORMATION:									
Name: Last Name, First Name					Relationship:		Custody		
Email:					·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.		Lives With		
1	Work:						School Pickup		
2	Daytime:						Emergency Contact		
3	Home:						Storm Billet		
Receives Mail Address:							Data Access		
CONTACT 2 INFORMATION:									
Name: Last Name, First Name					Relationship:		Custody		
Email:					·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.		Lives With		
1	Work:						School Pickup		
2	Daytime:						Emergency Contact		
3	Home:						Storm Billet		
Receives Mail Address:							Data Access		

CONTACT 3 INFORMATION:									
Name: Last Name, First Name				Relationship:			Custody		
Email:				·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.			Lives With		
1	Work:						School Pickup		
2	Daytime:						Emergency Contact		
3	Home:						Storm Billet		
Receives Mail Address:							Data Access		
CONTACT 4 INFORMATION:									
Name: Last Name, First Name				Relationship:			Custody		
Email:				·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.			Lives With		
1	Work:						School Pickup		
2	Daytime:						Emergency Contact		
3	Home:						Storm Billet		
Receives Mail Address:							Data Access		
SIBLING INFORMATION:									
	Name of Sibling			Gender	Date of Birth		School 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, please describe)									
Y	N	a non-life-threatening allergy?							
Y	N	medications to be administered at school?							
Y	N	a physical challenge/disability?							
Family Doctor:					Phone Number:				
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.									
Please check "Yes" or "No" for each health care need:									
Y	N	Anaphylaxis	Y	N	Clean intermittent catheterization	Y	N	Ostomy care	
Y	N	Asthma	Y	N	Diabetes	Y	N	Pre-set oxygen	
Y	N	Bleeding disorder	Y	N	Gastrostomy care	Y	N	Seizure disorder	
Y	N	Cardiac condition	Y	N	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									

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.**

Indigenous Self-Declarations:

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:

☐ **Yes, First Nation (North American Indian)**

☐ **Yes, Métis**

☐ **Yes, Inuk (Inuit)**

Linguistic and Culture Groups:

Which 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**

SPONSORSHIP:

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

☐ **Sapotaweyak First Nation**

☐ **Wuskwi Sipihk First Nation**

☐ **Treaty Number:**

☐ **Frontier School Division**

☐ **Good Spirit School Division**

☐ **Other:**

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.

☐ ☐ **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.**

☐ ☐ **I give permission for my child's photo to appear in school publications (i.e. newsletters, promo-materials and website).**

☐ ☐ **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