SWAN VALLEY SCHOOL DIVISION
Student Enrollment Form 2025-2026

MET#
☐ 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:	**Previous School Name:**
Entry Date:	**Entry Grade:** **Home Room:**

TUITION INFORMATION

X	Frontier School Division	X	Good Spirit School Division	X	Sapotaweyak Cree Nation
X	Wuskwi Sipihk First Nation	X	Other: Please Specify		

STUDENT INFORMATION

Legal Name:	**Legal Gender:**	M	F	
Preferred Name:	**Preferred Gender:**	M	F	X
Birthdate:	**Treaty Number:**			
Mobile Number:	**Personal Email:**			
Physical Address:				
Mailing Address:				
Second Mailing Address:				

RESIDENCY INFORMATION

X	Residing with someone other than a legal guardian (Responsible Adult)

CUSTODY INFORMATION

X	Care of Child and Family Services **Agency:**
X	Agency has completed a School Registration Form Child in Care from Healthy Child Manitoba.
X	A custody agreement exists and has been provided to the school.
X	Name(s) of individual(s) denied access by the court has been provided to the school.

MEDICAL INFORMATION

MB Health:	**PHIN:**	**Family Doctor:** ~
Does your child have...		**Doctor Phone:**

Y	N	a non-life-threatening allergy?
Y	N	medications to be administered at school?
Y	N	a physical challenge/disability?

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)

AUTOMATED COMMUNICATION					
Primary Phone Number:			**Secondary Phone Number:**		
Primary Text Number:			**Secondary Text Number:**		
Primary Email:			**Secondary Email:**		
CONTACT 1					
Name:			**Relationship:**		
Employer:			**Email:**		
1	**Work:**	X	**Storm Billet**	X	**School Pickup**
2	**Home:**	X	**Custody**	X	**Emergency Contact**
3	**Mobile:**	X	**Lives With**	X	**Data Access**
CONTACT 2					
Name:			**Relationship:**		
Employer:			**Email:**		
1	**Home:**	X	**Storm Billet**	X	**School Pickup**
2	**Mobile:**	X	**Custody**	X	**Emergency Contact**
3	**:**	X	**Lives With**	X	**Data Access**
CONTACT 3					
Name:			**Relationship:**		
Employer:			**Email:**		
1	**Mobile:**	X	**Storm Billet**	X	**School Pickup**
2	**Home:**	X	**Custody**	X	**Emergency Contact**
3	**:**	X	**Lives With**	X	**Data Access**
CONTACT 4					
Name:			**Relationship:**		
Employer:			**Email:**		
1	**Mobile:**	X	**Storm Billet**	X	**School Pickup**
2	**Home:**	X	**Custody**	X	**Emergency Contact**
3	**:**	X	**Lives With**	X	**Data Access**
CONTACT 5					
Name:			**Relationship:**		
Employer:			**Email:**		
1	**Work:**	X	**Storm Billet**	X	**School Pickup**
2	**:**	X	**Custody**	X	**Emergency Contact**
3	**:**	X	**Lives With**	X	**Data Access**

SIBLING INFORMATION					
	Name of Sibling	**Gender**	**Date of Birth**	**School Attending**	**Grade**
1					
2					
3					
4					

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.)

X	I am submitting my child's Indigenous Identity Declaration for the first time.
X	I am making changes to my child's Indigenous Identity Declaration.
X	I already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

INDIGENOUS SELF-DECLARATION

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:

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

LINGUISTIC AND CULTURE GROUPS

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

X	Anishinaabe (Ojibway/Saulteaux)		
X	Dene (Sayisi)	X	Ininiw
X	Dakota	X	Inuktitut
X	Oji-Cree	X	Michif
X	Other Please specify		

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.

Print Name	*Signature*	*Date*