

**OFFICE USE****MET #:**☐ Entered in PowerSchool

NORTHERN LIGHTS INSTITUTE OF TRADES & TECHNOLOGY

STUDENT REGISTRATION FORM

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 your education. 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.

TRAINING INFORMATION:☐ Automotive ☐ Carpentry ☐ Culinary Arts ☐ Electrical ☐ Hairstyling ☐ Heavy Duty ☐ Welding ☐ ECE II ☐ Other _____

Registration Date:

Training Dates:

SPONSORING AGENT:☐ Sapotaweyak First Nation☐ Wuskwi Sipihk First Nation☐ Manitoba Metis Federation☐ Self☐ Other: _____**STUDENT INFORMATION:****Legal Name** (Last, First Middle):

Known as:

Birthdate:

Gender: ☐ M ☐ F ☐ X

Student Cell Number:

Home Phone:

Student Personal Email:

School Bus: ☐ Rural ☐ In-Town ☐ None

Physical Address:

(Apartment, Street # & Name if in Town/City, or Section/Township/Range in Rural)

Mailing Address:

IF DIFFERENT
FROM ABOVE

(RR #, Comp #, Box #)

(Town/City)

(Postal Code)

TREATY NO:**SIN NO:**

*necessary to receive a T2202A

EMERGENCY CONTACT	Relationship to Student:		
	Last Name:	Home Phone:	<input type="checkbox"/>
		Cell Phone:	<input type="checkbox"/>
	First Name:	Work Phone:	<input type="checkbox"/>
	At which number do you prefer to be contacted? Check ONE box.		
	Physical Address:		

MEDICAL INFORMATION:MB Health (Registration # - 6 digit): PHIN (Personal Health Identification # - 9 digit): Do you have a **non-life-threatening** allergy? ☐ No ☐ Yes → (describe): _____Do you require medications to be administered at school? ☐ No ☐ Yes → (describe): _____Do you have a physical challenge/disability? ☐ No ☐ Yes → (describe): _____

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 all health care needs:

☐ Yes ☐ No Anaphylaxis☐ Yes ☐ No

Clean intermittent catheterization

☐ Yes ☐ No

Ostomy care

☐ Yes ☐ No Asthma☐ Yes ☐ No

Diabetes

☐ Yes ☐ No

Pre-set oxygen

☐ Yes ☐ No Bleeding disorder☐ Yes ☐ No

Gastrostomy care

☐ Yes ☐ No

Seizure disorder

☐ Yes ☐ No Cardiac condition☐ Yes ☐ No

Osteogenesis imperfecta

☐ Yes ☐ No

Endocrine condition

Suctioning (oral/nasal)

AUTHORIZATION**To the best of my knowledge, the information provided on this form is true and accurate.**

(Print Name)

(Signature)

(Date)

INDIGENOUS IDENTITY DECLARATION

Voluntary & Optional (If you are Indigenous and you wish to declare your identity, please complete this section):

Providing this information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.

Indigenous Self-Declarations:

Are you an Indigenous person, that is, First Nation, Metis, or Inuk (Inuit)? Note: First Nation include Status and Non-Status Indians.

If "Yes", mark the square(s) that best describe(s) you now:

☐ Yes, First Nation ☐ Yes, Metis ☐ Yes, Inuk (Inuit)

Linguistic and Cultural Groups:

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Anishinaabe
(Ojibway/Saulteaux) | <input type="checkbox"/> Oji-Cree |
| <input type="checkbox"/> Ininiw | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Other: _____ |

I HEREBY AUTHORIZE NORTHERN LIGHTS INSTITUTE OF TRADES & TECHNOLOGY & SWAN VALLEY SCHOOL DIVISION TO:

1. Share progress reports and any concerns that they may have regarding my progress and well-being with the funding/sponsoring agency(s).
2. Send regular attendance reports to my funder/sponsor.
3. Use samples of my work for display in school, at school- or division-sponsored events and activities, in school and divisional publications, and for posting on school and divisional websites, social media platforms or electronic presentations.

4. MEDIA RELEASE

The Swan Valley School Division requires consent to use a students' full name or photograph/video on school or division websites/social media. Therefore, your permission is requested to post your full name, photograph, or video of yourself in connection with positive, day-to-day school activities or personal accomplishments.

From time to time, media outlets or visitors/spectators may attend school events open to the public (e.g., field trips) to take photos/videos at public locations such as sports tournaments, student performances, school board meetings, etc. School staff cannot control news media access or social media use for these events.

I give my consent to the publication of my name and/or photograph/video as described above.

Please check if you **DO NOT** give consent: ☐ Do not use my name and/or photograph/video as described above.

AUTHORIZATION

(Print Name)

(Signature)

Date

STATISTICAL INFORMATION: (optional)

High School grade attained? ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ diploma → (school): _____

Have you completed other training? ☐ No ☐ Yes → (describe): _____

Do you have dependents? ☐ No ☐ Yes → (describe): _____

Residence? ☐ Own home ☐ Renting ☐ with Family ☐ other → (describe): _____

How will you get to school? ☐ Own vehicle ☐ walk ☐ bus ☐ other → (describe): _____

How did you find out about us? ☐ Facebook ☐ Family ☐ Friend ☐ Other → (how?): _____

Do you currently have a job? ☐ No ☐ Yes → (what): _____

(how long): _____

*email completed registration to nitt@svsd.ca or call 204-734-7980 for more information