



**SWAN VALLEY SCHOOL DIVISION**  
**Student Enrollment Form**

**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 SPONSORSHIP**

|                          |                            |                          |                             |                          |                         |
|--------------------------|----------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Frontier School Division   | <input type="checkbox"/> | Good Spirit School Division | <input type="checkbox"/> | Sapotaweyak Cree Nation |
| <input type="checkbox"/> | Wuskwi Sipiik First Nation | <input type="checkbox"/> | 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:**

**AUTOMATED COMMUNICATION**

**Primary Phone Number:**

**Secondary Phone Number:**

**Primary Text Number:**

**Secondary Text Number:**

**Primary Email:**

**Secondary Email:**

**CUSTODY INFORMATION**

|                          |  |                |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Care of Child and Family Services  | <b>Agency:</b> |
| <input type="checkbox"/> | Agency has completed a School Registration Form Child in Care from Healthy Child Manitoba. |                |
| <input type="checkbox"/> | A custody agreement exists and has been provided to the school.                            |                |
| <input type="checkbox"/> | 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:**

|                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a non-life-threatening allergy?           |
| <input type="checkbox"/> | <input type="checkbox"/> | medications to be administered at school? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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:**

|                          |                          |                   |                          |                          |                                    |                          |                          |                         |
|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Anaphylaxis       | <input type="checkbox"/> | <input type="checkbox"/> | Clean intermittent catheterization | <input type="checkbox"/> | <input type="checkbox"/> | Ostomy care             |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma            | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                           | <input type="checkbox"/> | <input type="checkbox"/> | Pre-set oxygen          |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleeding disorder | <input type="checkbox"/> | <input type="checkbox"/> | Gastrostomy care                   | <input type="checkbox"/> | <input type="checkbox"/> | Seizure disorder        |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac condition | <input type="checkbox"/> | <input type="checkbox"/> | Osteogenesis imperfecta            | <input type="checkbox"/> | <input type="checkbox"/> | Suctioning (oral/nasal) |

| CONTACT 1  |                 |                                     |               |                                     |                   |  |
|--|-----------------|-------------------------------------|---------------|-------------------------------------|-------------------|--|
| Name:  |                 |                                     | Relationship: |                                     |                   |  |
| Employer:  |                 |                                     | Email:        |                                     |                   |  |
| #  | Home:           | <input checked="" type="checkbox"/> | Storm Billet  | <input checked="" type="checkbox"/> | School Pickup     |  |
| #  | Work:           | <input checked="" type="checkbox"/> | Custody       | <input checked="" type="checkbox"/> | Emergency Contact |  |
| #  | Mobile:         | <input checked="" type="checkbox"/> | Lives With    | <input checked="" type="checkbox"/> | Data Access       |  |
| CONTACT 2  |                 |                                     |               |                                     |                   |  |
| Name:  |                 |                                     | Relationship: |                                     |                   |  |
| Employer:  |                 |                                     | Email:        |                                     |                   |  |
| #  | Home:           | <input checked="" type="checkbox"/> | Storm Billet  | <input checked="" type="checkbox"/> | School Pickup     |  |
| #  | Work:           | <input checked="" type="checkbox"/> | Custody       | <input checked="" type="checkbox"/> | Emergency Contact |  |
| #  | Mobile:         | <input checked="" type="checkbox"/> | Lives With    | <input checked="" type="checkbox"/> | Data Access       |  |
| CONTACT 3  |                 |                                     |               |                                     |                   |  |
| Name:  |                 |                                     | Relationship: |                                     |                   |  |
| Employer:  |                 |                                     | Email:        |                                     |                   |  |
| #  | Home:           | <input checked="" type="checkbox"/> | Storm Billet  | <input checked="" type="checkbox"/> | School Pickup     |  |
| #  | Work:           | <input checked="" type="checkbox"/> | Custody       | <input checked="" type="checkbox"/> | Emergency Contact |  |
| #  | Mobile:         | <input checked="" type="checkbox"/> | Lives With    | <input checked="" type="checkbox"/> | Data Access       |  |
| CONTACT 4  |                 |                                     |               |                                     |                   |  |
| Name:  |                 |                                     | Relationship: |                                     |                   |  |
| Employer:  |                 |                                     | Email:        |                                     |                   |  |
| #  | Home:           | <input checked="" type="checkbox"/> | Storm Billet  | <input checked="" type="checkbox"/> | School Pickup     |  |
| #  | Work:           | <input checked="" type="checkbox"/> | Custody       | <input checked="" type="checkbox"/> | Emergency Contact |  |
| #  | Mobile:         | <input checked="" type="checkbox"/> | Lives With    | <input checked="" type="checkbox"/> | Data Access       |  |
| CONTACT 5  |                 |                                     |               |                                     |                   |  |
| Name:  |                 |                                     | Relationship: |                                     |                   |  |
| Employer:  |                 |                                     | Email:        |                                     |                   |  |
| #  | Home:           | <input checked="" type="checkbox"/> | Storm Billet  | <input checked="" type="checkbox"/> | School Pickup     |  |
| #  | Work:           | <input checked="" type="checkbox"/> | Custody       | <input checked="" type="checkbox"/> | Emergency Contact |  |
| #  | Mobile:         | <input checked="" type="checkbox"/> | Lives With    | <input checked="" type="checkbox"/> | Data Access       |  |
| SIBLING INFORMATION  |                 |                                     |               |                                     |                   |  |
|  | Name of Sibling | Gender                              | Date of Birth | School Attending                    | Grade             |  |
| 1  |                 |                                     |               |                                     |                   |  |
| 2  |                 |                                     |               |                                     |                   |  |
| 3  |                 |                                     |               |                                     |                   |  |
| 4  |                 |                                     |               |                                     |                   |  |
| AUTHORIZATION    **Signature required on both pages**                                    |                 |                                     |               |                                     |                   |  |
| To the best of my knowledge, the information provided on this form is true and accurate. |                 |                                     |               |                                     |                   |  |
| _____  |                 | _____                               |               | _____                               |                   |  |
| Print Name   |                 | Signature                           |               | Date                                |                   |  |

| INDIGENOUS IDENTITY DECLARATION   |  |   |  |   |                                     |           |
|---|--|---|--|---|-------------------------------------|-----------|
| <i>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> |  |   |  |   |                                     |           |
| <input checked="" type="checkbox"/>   | I am submitting my child's Indigenous Identity Declaration for the first time.                                   |   |  |   |                                     |           |
| <input checked="" type="checkbox"/>   | I am making changes to my child's Indigenous Identity Declaration.   |   |  |   |                                     |           |
| <input checked="" type="checkbox"/>   | I already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time. |   |  |   |                                     |           |
| INDIGENOUS SELF-DECLARATION   |  |   | LINGUISTIC AND CULTURE GROUPS  |   |                                     |           |
| <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 checked="" type="checkbox"/>   | Yes, First Nation (North American Indian)  |   | <input checked="" type="checkbox"/>  | Dene (Sayisi)   | <input checked="" type="checkbox"/> | Ininiw    |
| <input checked="" type="checkbox"/>   | Yes, Métis   |   | <input checked="" type="checkbox"/>  | Dakota  | <input checked="" type="checkbox"/> | Inuktitut |
| <input checked="" type="checkbox"/>   | Yes, Inuk (Inuit)  |   | <input checked="" type="checkbox"/>  | Oji-Cree  | <input checked="" type="checkbox"/> | Michif    |
|   |  |   | <input checked="" type="checkbox"/>  | Anishinaabe (Ojibway/Saulteaux)                                       |                                     |           |
|   |  |   | <input checked="" type="checkbox"/>  | Other <span style="color: #ccc;">Please specify</span>                |                                     |           |
|   |  |   |  |   |                                     |           |
| MEDIA RELEASE   |  |   |  |   |                                     |           |
| <i>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.</i>   |  |   |  |   |                                     |           |
| <i>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.</i>   |  |   |  |   |                                     |           |
| <i>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>   |  |   |  |   |                                     |           |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>  | 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. |  |   |                                     |           |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>  | I give permission for my child's photo to appear in school publications (i.e. newsletters, promo-materials and website).  |  |   |                                     |           |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>  | 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 <b>**Signature required on both pages**</b>   |  |   |  |   |                                     |           |
| <b>To the best of my knowledge, the information provided on this form is true and accurate.</b>   |  |   |  |   |                                     |           |
| <div style="border-bottom: 1px solid black; width: 100%;"></div> Print Name   |  | <div style="border-bottom: 1px solid black; width: 100%;"></div> Signature  |  | <div style="border-bottom: 1px solid black; width: 100%;"></div> Date |                                     |           |

