

TURTLE RIVER SCHOOL DIVISION STUDENT REGISTRATION FORM



OFFICE USE

Entry Date: _____
Month/Day/Year

SCHOOL

MET NO.

STUDENT NO.

DATE

Information to be entered by Student's Parents/Guardians – PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES

STUDENT INFORMATION (Please Print)

Please fill in and return to the school as soon as possible.

Legal Last Name _____ Birth Date: _____ Verified
Month/Day/Year

Type of Identification: _____

First Name _____ Second Name _____

Name Known by _____

Languages(s) Spoken at Home: English Oji-Cree French Other (please list _____)

Current or Last School Attended: _____ Division: _____

School's Address: _____ School's Phone No: _____

Last Grade Completed: _____ Grade Registering In: _____

Treaty Number: _____ Band Name: _____

STUDENT MAILING ADDRESS

Apt. No. /Street: _____ Community/Town/Village/City: _____

P.O. Box No: _____ Postal Code: _____ Student Email Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Section/township/range _____ Bus Driver: _____ (if known)

PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION

Legal Custody (only if applicable) Joint Mother Other (please note) _____
 Father Guardian Agency (please note) _____

Parent or Legal Guardian **Student lives with**
Relation to Student: _____
Last Name _____
First Name _____
Address if different from above: _____

City/Prov. _____ Postal Code _____
Home Phone _____
Cell/Other Phone _____
Email _____
Employer: _____
Work Phone _____ Ext. _____

Parent or Legal Guardian **Student also lives with**
Relation to Student: _____
Last Name _____
First Name _____
Address if different from above: _____

City/Prov. _____ Postal Code _____
Home Phone _____
Cell/Other Phone _____
Email _____
Employer: _____
Work Phone _____ Ext. _____

Parent or Legal Guardian **Student also lives with**
Relation to Student: _____
Last Name _____
First Name _____
Address if different from above: _____

City/Prov. _____ Postal Code _____
Home Phone _____
Cell/Other Phone _____
Email _____
Employer: _____
Work Phone _____ Ext. _____

EMERGENCY CONTACT (if parent/guardian cannot be reached)
Relation to Student: _____
Last Name _____
First Name _____
Address: _____
City/Prov. _____ Postal Code _____
Home Phone _____
Cell/Other Phone _____
Email _____
Work Phone _____ Ext. _____

EMERGENCY BILLET - Name of town billet (friend or relative that lives in town where child can stay in case of a storm: _____ Phone No. _____

FAMILY – Pre-School/School Age Siblings
Name: _____ Gr. _____ School _____ Age _____
Name: _____ Gr. _____ School _____ Age _____
Name: _____ Gr. _____ School _____ Age _____
Name: _____ Gr. _____ School _____ Age _____
Name: _____ Gr. _____ School _____ Age _____

STUDENT REGISTRATION FORM

Page 3

MEDICAL INFORMATION

Manitoba Health Registration No. _____ Personal Health I.D. No. _____

Health Concerns/Allergies: _____

Family Doctor: _____ Phone: _____

INDIGENOUS IDENTIFICATION DECLARATION

Indigenous Identity Declaration Authorization and Statement of Understanding

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.)

1. I, _____, (name of parent/guardian, please print clearly):
 - Am submitting my child's Indigenous Identity Declaration for the first time
 - Am making changes to my child's Indigenous Identity Declaration
 - Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. 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)

3. 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: _____

INFORMED CONSENT

(MEDIA, STUDENT WORK, ELECTRONIC COMMUNICATION, AND COMPUTER AND INTERNET USAGE)

ELECTRONIC COMMUNICATION – Student usage of division email and sharing of information through email (e.g. Newsletters, etc.)

As students complete activities and assignments, they are expected to submit and communicate electronically with email. Email is an important 21st century skill that students need to learn to use effectively in order to prepare them for the world. Being efficient in using email as a form of electronic communication is expected of students in our schools. Students are required to be able to submit work and communicate using email.

The division is able to provide students with an email for educational use. Students are obliged to follow the division policy regarding the "proper usage" of division email and may be required by teachers to use as a way of submitting work and assignments.

_____ **I GIVE CONSENT** _____ **I DO NOT GIVE CONSENT**

As a parent/guardian I allow schools and the division to communicate with me electronically. The electronic distribution (email) of newsletters, school updates and announcements regarding division and school activities, events and news (including fundraising and promotions).

_____ **I GIVE CONSENT** _____ **I DO NOT GIVE CONSENT**

to receive information electronically and will provide my email below.

Email address: _____

MEDIA – Television, Radio, Internet Media, and Divisional Video Productions

As your child grows and learns, they will have the opportunity to participate in many amazing activities and experiences in our schools. We would like to share these positive experiences with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with the permission of the principal.

_____ **I GIVE CONSENT** _____ **I DO NOT GIVE CONSENT**

for my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.

STUDENT REGISTRATION FORM

COMPUTER and INTERNET USAGE –Student Usage of School Computers for completing school work and the Usage of the Internet for Research and Educational Purposes

Turtle River School Division recognizes the educational benefits of computer technology and internet access. Technology is promoted as a valuable instructional learning tool that enhances the ability of teachers to provide new and exciting learning opportunities for students. Students are supervised while using computers, the Internet, and any Information and Communication Technology (ICT). Students are taught the necessary skills to use technology and the internet in a proper manner.

I understand and will follow the guidelines as set in the division policy and school handbooks in regards to the Appropriate Use of Computers and Communication Devices. This includes the use of the Internet; including social media, text messaging and instant messaging and other forms of online communication and sharing platforms and resources that are provided by the Turtle River School Division networked computers. Access to computers and the Internet is for educational purposes as set out in the Turtle River School Division Policy. I further understand that should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken as deemed necessary. As the parent/guardian of the student, I have read the regulations for the Appropriate Use of Information Communication Technology (ICT) and the Use of Personal Communication Devices.

_____ I GIVE CONSENT _____ I DO NOT GIVE CONSENT

for my son/daughter (or myself as an adult student) to use school computers, have access to the internet, and use any of their own personal devices.

Print Name of Parent/Legal Guardian: _____

Date: _____ **Signature of Parent/Guardian:** _____

Signature of Student (Grades 7-12 Only): _____

STUDENT WORK, PHOTOGRAPHS, and SCHOOL PROMOTION – Publish and Display (School Display, School Newsletters, Newspapers, Division/School Webpages and Social Media)

Our school would like to share information and communicate with parents/guardians by highlighting the school; students and student work or activities in a variety of publications and/or **Division organized or sponsored event(s)**. It will allow us to share with you the parent/legal guardian about some of the highlighted activities, work and projects your child is participating in at school. This will also showcase our school to the community and general public. Some examples of sharing include but are not limited to:

- Publication of their work (referenced appropriately) in school and division publications as printed or posted on division/school websites (*e.g. Writing compilations, submission for contests, modelling and sharing in schools, other educational purposes, etc.*).
- School or Division publications (newsletters, articles, webpages, community reports, etc.)
- Local newspaper submitted articles
- Sharing on division social media platforms (e.g. Twitter, Facebook)
- Displayed work in schools and the division office (in the hallways, classrooms, and at various presentations and events)

*** Please note: Student photographs posted to Turtle River School Division websites will not identify students by full name (only first name)**

_____ **I GIVE CONSENT** _____ **I DO NOT GIVE CONSENT**

to the Turtle River School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or **at a Division organized or sponsored event**. I understand that photographs of students posted to the school or Turtle River School Division website will not identify students by full name.

Date: _____ **Signature of Parent/Guardian:** _____

This personal information is being collected under the authority of The Public Schools Act for School related purposes. 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 about the collection, please contact your school principal.

REQUEST FOR BUS TRANSPORTATION

The Public Schools Act requires school divisions to provide transportation to all students living within their division boundaries. There are occasions where some students wish to attend schools in another division. In order to address the transportation of these students in adjoining divisions Turtle River School Division has adopted the enclosed policy. This policy is intended to provide educational services in the most cost effective manner for the taxpayers of Manitoba.

Please complete this form and return to:

Transportation Department
Turtle River School Division
Box 309
McCreary, MB R0J 1B0

Name of Student(s)	Birthdate	Grade	Parents'/Guardians' Names
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any health care needs that the bus driver needs to be aware of? (eg, allergies, asthma, heart condition, bleeding disorder, seizures, medication, etc.) _____

Any special information or concerns the bus driver should be aware of: _____

Mailing Address: _____

Phone Number(s): _____

Land Location of Residence: _____

Sec. / Twp. / Rge. **OR** Street Name & House #

Requesting Transportation to _____ School.

Requested date for transportation to begin: _____

Reason(s) for Requesting Transportation: _____

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY:

Bus Driver: _____ Approx. Pick-up Time _____ AM

Transfer Bus Driver: _____ Approx. Drop-off Time _____ PM