

# 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 ☐ Joint ☐ Mother ☐ Other (please note) \_\_\_\_\_  
 (only if applicable) ☐ Father ☐ Guardian ☐ Agency (please note) \_\_\_\_\_

<b>Parent or Legal Guardian</b> <input type="checkbox"/> <b>Student lives with</b> 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. _____	<b>Parent or Legal Guardian</b> <input type="checkbox"/> <b>Student also lives with</b> 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. _____
<b>Parent or Legal Guardian</b> <input type="checkbox"/> <b>Student also lives with</b> 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. _____	<b>EMERGENCY CONTACT</b> (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 \_\_\_\_\_

**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: \_\_\_\_\_

**IDENTIFICATION OF CHILDREN THAT ARE ELIGIBLE FOR URIS GROUP B HEALTH CARE SUPPORT****Unified Referral and Intake System (URIS)**

The Unified Referral and Intake System (URIS) is a provincial program that assists community programs in providing a safe and supportive environment for children with special health care needs. It is managed by an interdepartmental committee that includes representatives from the Departments of Health, Healthy Living and Seniors, Family Services and Education and Advanced Learning, with input from others with appropriate expertise.

**Classification of Health Care Needs**

URIS provides a standard means of classifying the complexity of health care needs/interventions and establishes the level of qualification required by staff that supports the child.

- **Group A** - health care procedures that are complex and must be performed by a registered nurse.
- **Group B** - health care needs that can be delegated to non-health-care personnel that are trained and monitored by a registered nurse.

**Identifying a child with URIS Group B health care needs**

It is the community program's responsibility to identify children that have a URIS Group B health care need(s).

**Individual Health Care Plans (IHCP)**

An Individual Health Care Plan (IHCP) is completed when the child is eligible for one or more of the following URIS Group B health care needs.

**Please indicate (✓) all health care needs that apply to your child:**

- ☐ Anaphylaxis
- ☐ Asthma
- ☐ Bleeding disorder
- ☐ Cardiac condition
- ☐ Clean intermittent catheterization
- ☐ Diabetes
- ☐ Endocrine Conditions
- ☐ Gastrostomy care
- ☐ Osteogenesis imperfecta
- ☐ Ostomy care
- ☐ Pre-set oxygen
- ☐ Seizure disorder
- ☐ Suctioning (oral/nasal)

***If you have checked any of the above health care needs, the school will provide you with information on services available from the Unified Referral and Intake System (URIS).***

**Helpful Tip**

If a doctor has not prescribed medication for asthma (i.e. reliever medication) or anaphylaxis (i.e. adrenaline auto-injector), the child is NOT eligible for URIS Group B service. The child must also bring this medication to community program to be eligible for URIS Group B support.

**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 21<sup>st</sup> 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**

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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**

*Page 6*

**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.

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**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