

**FOR OFFICE USE ONLY**

Home Room #: \_\_\_\_\_  
 Advisor: \_\_\_\_\_  
 Counsellor: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_

Student Fees Paid:  Yes  No  
 Catchment:  In  Out

EAL  ISP  
 Mature Student  Schools of Choice  
 Previous Grad  MITT  
 URIS

**A. SCHOOL INFORMATION**

School Name: \_\_\_\_\_

For Grade: \_\_\_\_\_  Kindergarten A.M.  Kindergarten P.M.

Program:  English  French Immersion

**B. STUDENT INFORMATION**

Name: \_\_\_\_\_  
Surname First Middle

Name Known By: \_\_\_\_\_ \*Birth Date: \_\_\_\_\_  
(Day/Month/Year)

Gender:  Male  Female Lives on Own (age of majority):  Yes  No

Student Address: \_\_\_\_\_  
Street Address City/Province Postal Code

Phone: \_\_\_\_\_  Unlisted  
Primary Contact # Student Cell #

Pembina Trails Resident:  Yes  No Language(s) Spoken at Home: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_  
School Name City/Province Previous Grade

\*A birth certificate and proof of residency (e.g. mortgage, rental agreement, utility bill) is required for registration.

**C. PARENT/LEGAL GUARDIAN INFORMATION**

<input type="checkbox"/> Student Lives With	<input type="checkbox"/> Student Lives With	<input type="checkbox"/> Student Also Lives With
*Relationship to Student: _____	*Relationship to Student: _____	
Name: _____	Name: _____	
Address: _____ <small>Street Address City/Province Postal Code</small>	Address: _____ <small>Street Address City/Province Postal Code</small>	
Work Phone: _____ <input type="checkbox"/> Unlisted	Work Phone: _____ <input type="checkbox"/> Unlisted	
Home Phone: _____ <input type="checkbox"/> Unlisted	Home Phone: _____ <input type="checkbox"/> Unlisted	
Cell Phone: _____	Cell Phone: _____	
Email Address: _____	Email Address: _____	

\*A Legal Guardian is one who has been appointed as Guardian and awarded letters of guardianship by the Court of Queen's Bench of the Province of Manitoba

**D. LEGAL CUSTODY INFORMATION (Please provide documentation as necessary)**

Joint  Mother  Father  \*Appointed Guardian  \*Agency \_\_\_\_\_

\*Joint Custody pertains to those parents who have legal agreements in place for child custody

**E. EMERGENCY CONTACT INFORMATION (Persons other than legal guardians)**

Relationship to Student: _____	Relationship to Student: _____
Name: _____	Name: _____
Work Phone: _____ <input type="checkbox"/> Unlisted	Work Phone: _____ <input type="checkbox"/> Unlisted
Home Phone: _____ <input type="checkbox"/> Unlisted	Home Phone: _____ <input type="checkbox"/> Unlisted
Cell Phone: _____	Cell Phone: _____

**F. RESIDENCY STATUS (Please provide documentation as necessary)**

Canadian Citizen Country of Birth (if not Canada): \_\_\_\_\_ Immigration Date: \_\_\_\_\_  
(Day/Month/Year)

Parental Status: Is at least one (1) parent a Canadian Citizen?  Yes  No

Permanent Resident Date Permanent Residency Granted: \_\_\_\_\_  
(Day/Month/Year)

Inbound Foreign Exchange (210) Agency: \_\_\_\_\_

Visa Student (190) Visa Expiry Date: \_\_\_\_\_  
(Day/Month/Year)

Band Sponsored (340) Name of the Band: \_\_\_\_\_

**Please put a check mark in the box that applies to your child:**

Aboriginal **OR**  Non-Aboriginal

**If you have selected "Aboriginal" above, please select ONLY ONE of the following:**

First Nation (90)  Metis (200)  Inuit (300)

**You may also select UP TO TWO of the following linguistic identities:**

Anishinaabe (Ojibway/Saulteaux) (100)  Ininiw (Cree) (110)  Dene (Sayisi) (120)  Dakota (130)  
 Oji-Cree (140)  Michif (240)  Inuktitut (300)  Other \_\_\_\_\_ (400)

**G. SIBLING INFORMATION (18 years and under)**

Name:	Gender:	Birth Date:	School:
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <small>(Day/Month/Year)</small>	_____

## H. MEDICAL INFORMATION

Personal Health Identification No: \_\_\_\_\_ International Medical #: \_\_\_\_\_  
(9 digit number) (ISP)

**Emergency Procedures:** If your child should become ill or be injured during the school day, the school will attempt to notify you. In an emergency situation, your child will be taken to a hospital or clinic for emergency treatment. In the event that an ambulance is deemed necessary, the parent/guardian will be billed for this service.

**Medical Information/Requirements for Regular Medications:** The policy of Pembina Trails School Division discourages administering prescribed medications to any students by any member of staff. Parents/guardians are encouraged to make every effort to care for this part of their child's health.

**Please indicate any health care needs or conditions:**

- Asthma     Diabetes     Anaphylaxis     Seizures     Allergies (please identify) \_\_\_\_\_  
 Epi-pen     Bronchial Inhaler     Catheterization     Insulin Injector  
 Other (please identify) \_\_\_\_\_

Elaborate on health care needs if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## I. PEMBINA TRAILS POLICY AND PRACTICE

The following policies and practices have been reviewed with my child:

- Standard of Behaviour  
 Technology Acceptable Use Policy (IJNDC)  
 Hazing Policy (JICFA) - Senior Years only

The following policies and practices have also been reviewed:

- Attendance Policy (JE)  
 Media Relations and Media Release (KDD)  
 Pembina Trails Fair Notice and Practice - Student Threat Assessment Brochure

**\*Please refer to the policies located on the divisional website at: [www.pembinatrails.ca](http://www.pembinatrails.ca) for more information as well as additional required forms such as the Media Release Form for students (KDD-E1) and the Technology Acceptable Use Agreement for students (IJNDC-E-1).**

Student Signature	Date

Grades 9 - 12 only

Parent/Guardian Signature	Date

This personal information is being collected under the authority of The Public Schools Act and the Education Administration Act for school related purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, please contact the Privacy Officer of Pembina Trails School Division. Student information is maintained in the pupil file.