



SUNRISE SCHOOL DIVISION **STUDENT REGISTRATION FORM**

TO PARENTS/LEGAL GUARDIANS:

The following form is to be filled out for all students entering SUNRISE SCHOOLS. *A birth or baptismal certificate or other official document indicating date of birth must be presented upon registrations. The school will photocopy the certificate. The information is to be updated annually and the school notified of any data changes during the year. Please be assured that this information is treated confidentially.

AT THE KINDERGARTEN LEVEL the school of attendance is determined by program, by school boundaries and by the number of Kindergarten students enrolled in the various school areas. In order to maintain reasonable class sizes, students may be placed in a neighbouring school with the same program for the Kindergarten year only.

This information is being collected under the authority of the Public Schools Act and will be used for educational 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, contact the Superintendent of Sunrise School Division at Box 1206, Beausejour, Manitoba R0E 0C0.

TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)

(Please Print)

PUPIL'S LAST NAME FIRST SECOND NAME COMMONLY USED

BIRTHDATE: MONTH _____ DAY _____ YEAR _____ AGE: _____

MALE: _____ FEMALE: _____ PREFER NOT TO ANSWER: _____

TRANSFERS INTO SUNRISE SCHOOL DIVISION

*****This section must be completed for all students K-12 who have transferred into Sunrise SD***

Last school attended: _____ Phone#: _____ Grade: _____

City: _____ Province: _____ Date Last attended: _____

Former Address of family: _____

Date of family's move into this Division: _____

Has student ever attended school in Sunrise School Division? _____

If yes, which school? _____ Year of last attendance: _____

Has the student ever received special program? _____ If yes, please describe the program below:

WITH WHOM DOES THE CHILD LIVE? (circle one)

Both Parents Father Mother Legal Guardians Foster Parents

Other: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____ POSTAL CODE: _____ - _____

CIVIC 911 ADDRESS: _____ ROAD: _____

PHONE #: _____ PHONE # UNLISTED: YES ___ NO ___

MAIN EMAIL ADDRESS (Parent/Legal Guardians): _____

	PARENT, LEGAL GUARDIAN	PARENT, LEGAL GUARDIAN
NAME: Surname, Given Name		
EMPLOYER		
BUSINESS PHONE #		
HOME PHONE #		
EMAIL ADDRESS		
CELL PHONE #		
HOME ADDRESS		
RELATIONSHIP TO STUDENT		

Please check if correspondence is to be sent to another address (ie. non-custodial parent, CFS Agency, etc.):

If checked, please provide name and address: _____

ALTERNATE CONTACTS: Please list two people who will take immediate responsibility in case of an accident or illness, when a parent is not available.

CONTACT NAME	ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #
1.				
2.				

EMERGENCY BILLET: This information is required for all Kindergarten to Grade 12 bussed students. In the event that afternoon busses are not running, students will be billeted with the listed contact person(s) who reside within the town limits.

CONTACT NAME	ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #
1.				
2.				

CHILD LEGAL CUSTODY & CHILD CARE ARRANGEMENTS

Has anyone been denied access to the child by a court order? _____

If yes, a copy of the court document must be provided to the child’s school.

Is this child a ward of Child and Family Services (CFS)? YES NO

If yes, please provide the following contact information:

Name of worker: _____

Telephone No. of worker: _____

Email address of worker: _____

Name of agency: _____

CHILD CARE ARRANGEMENTS: (if applicable)

	NAME	ADDRESS	PHONE #
BEFORE SCHOOL			
AFTER SCHOOL			

BROTHERS & SISTERS IN ORDER OF AGE (Even if not attending school)

NAME	SEX (M/F)	DATE OF BIRTH	NAME OF PRESENT SCHOOL (if any)	LIVING AT HOME (Yes/No)

Citizenship: Canadian citizen Landed Immigrant Refugee Visa Student

Date entered Canada: _____(MM/DD/YYYY)

TRANSPORTATION: (if applicable)

Does your child require bussing: YES NO If yes, from HOME or from DAYCARE.

Is this child a School of Choice Applicant, or a student who does not reside in the Sunrise School Division, or a student who resides in the Sunrise School Division.

MEDICAL INFORMATION

MANITOBA MEDICAL #:

____ - ____ - ____ (PERSONAL)

FAMILY PHYSICIAN: _____ PHONE #: _____

DENTIST: _____ PHONE #: _____

1. a) Does your child have any allergies? _____ If yes, please list specific allergies.

b) Does your child have an Epi-Pen for allergies? _____

Please note: If yes, your child must carry the Epi-Pen at all times.

c) Please list any other health concerns. _____

**Classroom teachers must be informed of health concerns of the students in the school after registration forms are processed.*

PERSONAL BELONGINGS EQUIPMENT ACKNOWLEDGEMENT OF RISK

I understand that the school and Sunrise School Division will take reasonable precautions (locked doors, security systems) to secure the school building and guard against theft or damage of our personal belongings and equipment when it is at the school. I also recognize and acknowledge that despite these measures, the school and the school division will not be responsible for any loss or damage to personal belongings and equipment.

Date

Parent/Guardian Signature

OFF-SCHOOL SITE TRIPS

I consent to my son/daughter/custodial child's participation in teacher-planned and supervised school-related programs which occur off-school site and begin and end on the same day that do not require transportation. (I understand that I will be informed in advance of all such programs.)

Date

Parent/Guardian Signature

(Instead of providing this consent, parents/guardians may choose to provide a separate consent for each off-school site program which begins and ends on the same day. Off-school site programs which extend beyond one day require completion of separate consent forms.)

Is there any other information about your child that is not covered by this questionnaire that you would like the school to be aware of? _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Aboriginal Identity (voluntary declaration)

Authorization and Statement of Understanding - Aboriginal 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 Aboriginal 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.)

Student Name: _____

I, _____,
(name of parent/guardian, please print clearly):

- Am submitting my child's Aboriginal Identity Declaration for the first time
- Am making changes to my child's Aboriginal Identity Declaration
- Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time

Is your child an Aboriginal person, that is, First Nation (North American Indian), Metis 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:

Cultural Group (check one)

- First Nation (090)
- Metis (200)
- Inuit (300)

Which best describes your child's Aboriginal cultural-linguistic identity? Select up to 2 choices.

- Anishinaabe (Ojibway/Saulteaux) (100)
- Michif (240)
- Dakota (130)
- Oji-Cree (140)
- Dene (Sayisi) (120)
- Aboriginal Other (400)
- Ininiw (110)
- Inuktitut (310)

If other, please specify _____

Parent/Guardian Signature: _____

Date: _____