



# MOUNTAIN VIEW SCHOOL DIVISION

## STUDENT REGISTRATION FORM

[www.mvsd.ca/registration/](http://www.mvsd.ca/registration/)

OFFICE USE	
MET #:	
<input type="checkbox"/> Cum File Requested	<input type="checkbox"/> School of Choice Form

This personal information is being collected under the authority of the Public Schools Act and/or the 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 about the collection, please contact your school. The Division expressly prohibits release of class lists to any group or individual other than the Department of Education and the regional health authority (Prairie Mountain Health).

### SCHOOL INFORMATION:

School Name: \_\_\_\_\_ School Bus:  Rural  In-Town  None

School Year: \_\_\_\_\_ Enroll in Grade: \_\_\_\_\_ Previous Grade: \_\_\_\_\_ Bus # and/or Driver Name: \_\_\_\_\_

Previous School Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Previous School Address: \_\_\_\_\_ Previous School Phone: \_\_\_\_\_

### STUDENT INFORMATION:

Legal Last Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
(Apartment/Street Number & Name if in Town/City, or Section/Township/Range if Rural) (Municipality, if Rural)

Legal First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
(If different from above): (RR #, Comp #, Box # or Street Address) (Town/City) (Postal Code)

Gender Identity: \_\_\_\_\_ Copy of Birth Certificate Provided? (Kindergarten Only)  Yes  No

Birthdate: \_\_\_\_\_ (mm/dd/yyyy) Student Cell #: \_\_\_\_\_ Student Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ (primary number, may receive automated voice messages from school)

### LEGAL CUSTODY INFORMATION:

If applicable, please select **one** option below to indicate your child's custody arrangement:

For options marked with an asterisk (\*) below, a copy of the legal document must be on file at the school.

- Joint Shared (both parents equally)   
  Sole – Mother Only \*   
  copy of legal document on file at school  
 Joint – Primary Mother \*   
  Sole – Father Only \*  
 Joint – Primary Father \*   
  Legal Guardian \*

Please list any individuals who have been denied access by court order:

Child is in care of Child and Family Services

Agency: \_\_\_\_\_

Agency must complete a [School Registration Form – Children in Care](#) from Healthy Child Manitoba

### CONTACT INFORMATION:

**PRIMARY CONTACT** (include at least one additional contact below, to be called if the Primary Contact is unavailable)

Relationship to Student ( <b>select one</b> ):	<input type="checkbox"/> Biological/Adoptive Parent	<input type="checkbox"/> Foster Parent	The school will generally attempt to contact the Primary Contact first in the event of emergency. Specify emergency contacts in the additional contact fields below.
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other (specify):	
Last Name:	_____	Phone Numbers:	_____
First Name:	_____	Preferred Contact # (check one)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email Address:	_____	Mailing Address:	_____
Employer:	_____	(If different from student):	<small>(RR #, Comp #, Box # or Street Address) (Town/City) (Postal Code)</small>
Check all that apply: <input type="checkbox"/> Lives With Student <input type="checkbox"/> Has Custody <input type="checkbox"/> Can pick up from school			

### CONTACT #2

Relationship to Student ( <b>select one</b> ):	<input type="checkbox"/> Biological/Adoptive Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend	<input type="checkbox"/> Other (specify):
Last Name:	_____	Phone Numbers:	_____		
First Name:	_____	Preferred Contact # (check one)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address:	_____	Mailing Address:	_____		
Employer:	_____	(If different from student):	<small>(RR #, Comp #, Box # or Street Address) (Town/City) (Postal Code)</small>		
Check all that apply: <input type="checkbox"/> Lives With Student <input type="checkbox"/> Has Custody <input type="checkbox"/> Can pick up from school <input type="checkbox"/> Can contact in the event of emergency					

### CONTACT #3

Relationship to Student ( <b>select one</b> ):	<input type="checkbox"/> Biological/Adoptive Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend	<input type="checkbox"/> Other (specify):
Last Name:	_____	Phone Numbers:	_____		
First Name:	_____	Preferred Contact # (check one)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Check all that apply: <input type="checkbox"/> Lives With Student <input type="checkbox"/> Has Custody <input type="checkbox"/> Can pick up from school <input type="checkbox"/> Can contact in the event of emergency					

**CONTACT #4**

Relationship to Student ( <b>select one</b> ):	<input type="checkbox"/> Biological/Adoptive Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend	<input type="checkbox"/> Other (specify):
Last Name: _____		Phone Numbers: _____			
First Name: _____		Preferred Contact # (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Check all that apply: <input type="checkbox"/> Lives With Student <input type="checkbox"/> Has Custody <input type="checkbox"/> Can pick up from school <input type="checkbox"/> Can contact in the event of emergency					

**SIBLING INFORMATION: (Please list siblings who are of preschool and school age.)**

	Names of Brothers & Sisters (in order of age)	Gender Identity	Date of Birth (mm/dd/yyyy)	School Attending	Grade
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

**MEDICAL INFORMATION:**

Manitoba Health PHIN (Personal Health Identification Number – 9 digits):

Does your child have a **non**-life-threatening allergy? (Please use the URIS Application Form to identify life-threatening allergies and medical conditions that require interventions. See [www.mvscd.ca/registration/](http://www.mvscd.ca/registration/) for more information.)

No  Yes

If yes, please describe: \_\_\_\_\_

If your child requires medications to be administered at school, please complete an **Administration of Prescribed Medication Form** (MVSD Procedure #AA30), available from your local school or online at [www.mvscd.ca/registration/](http://www.mvscd.ca/registration/).

**INDIGENOUS IDENTITY DECLARATION – Voluntary & Optional (If your child is Indigenous and you wish to declare his/her identity, please complete this section):**

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 already submitted my child’s Indigenous Identity Declaration and have no further changes to make at this time

**For New or Updated Declarations:**

- I am submitting my child’s Indigenous Identity Declaration for the first time
- I am making changes to my child’s Indigenous Identity Declaration

**Indigenous Self-Declaration:**

Is your child an Indigenous 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:

- Yes, First Nation (North American Indian)
- Yes, Metis
- Yes, Inuk (Inuit)

**Linguistic and Cultural Groups:**

Which best describes your child’s Indigenous cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Oji-Cree
- Dene (Sayisi)
- Michif
- Dakota
- Inuktitut
- Other (specify): \_\_\_\_\_

**AUTHORIZATIONS:**

**I hereby authorize Mountain View School Division to:**

1. Provide my name, phone number and e-mail address to the MVSD International Student Program so that I may be contacted for the purposes of becoming a homestay family. More information about the program may be found at [isp.mvscd.ca](http://isp.mvscd.ca).  Yes  No
2. Provide my name, phone number and e-mail address to the school’s Parent Council organization so that I may be contacted for special functions and activities that are carried out by the Parent Council (e.g., school lunch sales, fundraisers, patrol lunches, crafts at lunch).  Yes  No
3. Send electronic messages (e.g., e-mail, text) to me such as newsletters, school and Division updates, announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, tickets, or similar events and offers. (I understand that at any time, I may unsubscribe from receiving electronic messages from the School and/or Division.)  Yes  No
4. Use photos which include my child as a part of a group photo, action photo or video clip (e.g., sports teams, concerts, special events, classroom photos), for the purposes of school and divisional publications (e.g., brochures, reports, newsletters). Individual head and shoulder photos of my child may only be used with a signed permission form for each photo, and only the first name shall be used. \*  Yes  No
5. Use photos which include my child as a part of a group photo, action photo or video clip, for posting on school and divisional websites, social media platforms or used in electronic presentations. Individual names may not accompany the photo. \*  Yes  No
6. Allow my child to participate in media coverage, including interviews and/or photos/videos (e.g., classroom events). This consent does not apply to images of students taken in the public arena, such as at sporting events, concerts or any other public event. \*  Yes  No

\*For more information on the use of photos and media coverage, please see the MVSD Procedure #AA10 - Acceptable Use Procedure, Information & Communication Technology (ICT), available at [www.mvscd.ca/procedures/](http://www.mvscd.ca/procedures/).

To the best of my knowledge, the information provided on this form is true and accurate.

Primary Contact (Print Name)	Primary Contact (Signature)	Date
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Where a Joint Shared legal custody agreement exists, the other party’s signature is also required:

Joint Contact (Print Name)	Joint Contact (Signature)	Date
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Please notify the school of any changes to your child’s information that may occur throughout the school year.