



Louis Riel School Division  
 900 St. Mary's Road, Winnipeg, Manitoba R2M 3R3  
 Phone: (204) 257-7827 Fax: (204) 256-8553 [www.lrsd.net](http://www.lrsd.net)

## STUDENT REGISTRATION FORM

Date: \_\_\_\_\_ Applying for School Year: **2022-2023**

### Enrollment Information

School: \_\_\_\_\_ Registering for Grade: \_\_\_\_\_

Program Requested:  English  French Immersion

For Kindergarten registration, indicate preference:  AM or  PM (Preference is not guaranteed)

Last School Attended: \_\_\_\_\_

Grade	School Name	School Division	City
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\*\* The following is applicable only if this student qualifies for transportation, based on their home address:

Bussing is not required  Bussing is Required: To & From School  To School Only  From School Only

### Demographic Information

Student's **LEGAL NAME** (as it appears on the student's birth certificate and/or passport):

_____	_____	_____
Legal Last Name	Legal First Name	Legal Middle Name

Student's Former Surname (if applicable): \_\_\_\_\_

Sex (as it appears on birth certificate): Male  Female  Date of Birth: \_\_\_\_\_  
Month / Day / Year

Preferred Gender: Male  Female  Or, please define: \_\_\_\_\_

Resident of Louis Riel School Division?  Yes  No If no, name of resident division: \_\_\_\_\_

### Registration Information

Preferred Name - if Different from Legal Name:

_____	_____
Last Name - if Different from Legal Name	First Name - if Different from Legal Name

Which name should display on student's report card?  Legal Name  Preferred Name

Manitoba Medical Numbers: \_\_\_\_\_  
Student Personal Health Insurance Number (9-digit) Family Health Insurance Number (6-digit)

Has High School Diploma:  Yes  No Student Cell Phone (high school only): \_\_\_\_\_

**Ancestral / Cultural Information**

**Providing this personal information is voluntary and optional.**

The purpose of this information is to better meet students' needs and to help with Division program planning. (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.) If you have any questions regarding the collection of this personal information, please contact the school principal.

**Aboriginal/Indigenous Identity 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 this is responsive to Aboriginal learners.

**Is your child an Aboriginal 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 your child now:

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

**Linguistic and cultural groups – there are seven cultural/linguistic groups to choose from. Respondents may indicate up to two choices.**

Which best describes your child's Aboriginal cultural/linguistic identity? Please select up to two choices:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Anishinaabe  | <input type="checkbox"/> Ininiw (Cree)           | <input type="checkbox"/> Dene (Sayisi)  |
| <input type="checkbox"/> Dakota       | <input type="checkbox"/> Anishinin (Ojibwe-Cree) | <input type="checkbox"/> Métis (Michif) |
| <input type="checkbox"/> Inuk (Inuit) | <input type="checkbox"/> Other _____             |   |
- (Please name the identity)

### Non-Aboriginal/Indigenous Ancestral / Cultural Identification Declaration

This information is being collected under the authority of the Education Administration Act and applicable regulations will be used to determine ancestral/cultural identities for statistical analysis and program planning in the Louis Riel School Division.

Ancestral or Cultural Identity (select up to 4)

- Indigenous (e.g., First Nations, Métis, Inuit, Anishinaabek, Ininewak, and Dakota, Cree, Oji-Cree, Dene, etc.)
- Black, African, Caribbean, or Afro-Caribbean (e.g., Jamaican, Nigerian, Ethiopian, Somalian, etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Mongolian, Taiwanese, etc.)
- Latin American (e.g., Hispanic, Latino, Mexican, Haitian, Dominican, etc.)
- Middle Eastern or North African (e.g., Arab, Iranian, Syrian, Lebanese, Egyptian, Turkish, etc.)
- South Asian (e.g., Indian, Bangladeshi, Pakistani, etc.)
- South East Asian (e.g., Filipino, Thai, Vietnamese, Indonesian, etc.)
- Oceanian or Pacific Islander (e.g., Hawaiian, Samoan, Tongan, Fijian, New Guinean, Polynesian, etc.)
- Central Asian (e.g., Afghan, Kazakh, Kyrgyz, Tajiks, Uzbeks, etc.)
- European (e.g., white, Eastern/Western European, Irish, Polish, Greek, French, Italian, Icelandic, Norwegian, etc.)

### Languages Spoken and Citizenship

Student's First Language:  English  French  Other: \_\_\_\_\_

Language(s) spoken at home:  English  French  Other, please specify (example: Arabic, Hindi, Tagalog):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Country of Birth:  Canada  Other, please specify: \_\_\_\_\_

Country of Citizenship:  Canada  \*\*Other, please specify: \_\_\_\_\_

Entry Date in Canada (Month and Year): \_\_\_\_\_ Entry Date in Manitoba (if different): \_\_\_\_\_

\*\* If other citizenship, please indicate status in Canada: Permanent Resident  Study Permit  Work Permit

Visiting Forces Act  Refugee Claimant  International  Permit Expiry Date: \_\_\_\_\_

MM/DD/YYYY

\*\* Copies of Status in Canada documents MUST BE PROVIDED at time of registration.

## Custody Information

Custody Status:  Both Parents  Joint/Shared  Mother  Father  Legal Guardian  CFS  Self – Adult Learner

Other, please specify: \_\_\_\_\_

Custody Arrangement: \_\_\_\_\_

\*Please note: copy of legal documents **must** be provided to the school.

## Confidentiality of Class Lists

The School Principal is responsible for maintaining the confidentiality of Class Lists containing parental names, addresses, phone numbers and email addresses.

The Division expressly prohibits release of these lists to any group or individual other than the Department of Education and Health authorities; however, per Freedom of Information & Protection of Privacy Act (FIPPA) standards, individual parents/guardians may authorize the Principal to provide their contact information to the President or Chairperson of the school's Parent Organization, as well as to other parents/guardians in your child's classes.

Please indicate if you wish to provide the President or Chairperson of the school's Parent Committee with your name, address, telephone number and email address.

Yes  No

Please indicate if you wish to provide other parents/guardians in your child's classes with your name, address, telephone number and email address.

Yes  No

## Public Relations Release

The Louis Riel School Division (LRSD) wants to respect your wishes regarding different types of public relations initiatives that include students:

1. Internal
  - Divisional updates of print and digital material that is circulated within the division
2. External
  - Divisional updates of print material to inform our community
  - Requests by media for interviews, photographs and/or video footage of school and/or divisional events
  - Divisional and school updates on our website and Divisional/school based social media

### Conditions

- All signed releases are valid until otherwise specified in writing
- Parental/Legal Guardian cancellation of permission applies only to materials/media produced after the cancellation date, upon the written request of the parent for such cancellation

As the parent/legal guardian of this student, I grant the Louis Riel School Division my permission to reproduce, exhibit, broadcast and distribute through printed, audio, visual or electronic means, my child's photograph, video image, work samples or quotations for the following purposes:

Yes  No Divisional updates of print and/or digital material

Yes  No Requests by media for interviews, photographs and/or video footage of school and/or divisional events

Yes  No Divisional and school updates via websites (Division and school sites)

Yes  No Divisional and school updates via social media

**Student Address Information**

Student resides with:  Parents  Mother  Father  Foster Home  Self

Other, please specify: \_\_\_\_\_

Student Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

Mailing Address (if different from street address): \_\_\_\_\_

Student Home Phone Number: \_\_\_\_\_

\*Only the following documents will be accepted as proof of address. One of these documents **must** be provided when registering your child:

- Copy of a bank statement
- Hydro bill
- Apartment lease with name and address
- Offer to Purchase with name and address

**Joint, Shared, Split Custody - Additional Student Address**

Mother  Father  Legal Guardian  Other, please specify: \_\_\_\_\_

Additional Student Address: \_\_\_\_\_  
House # Street Apt Postal Code City

Mailing Address (if different from street address): \_\_\_\_\_

Additional Student Home Phone: \_\_\_\_\_

**Siblings Attending or Registering for School(s) in the Louis Riel School Division**

\_\_\_\_\_  
Name Birthdate School

\_\_\_\_\_  
Name Birthdate School

\_\_\_\_\_  
Name Birthdate School

\_\_\_\_\_  
Name Birthdate School

**PRIMARY Parent/Adult Caregiver with whom the Student Resides**  
(Other parent/guardian – next 3 pages)

Parent/Caregiver's relationship to student:  Mother  Father  Foster Mother  Foster Father

Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

Country of Birth:  Canada  Other, please specify: \_\_\_\_\_

Country of Citizenship:  Canada  \*\*Other, please specify: \_\_\_\_\_ Entry Year in Canada: \_\_\_\_\_

\*\* If other citizenship, please indicate status in Canada: Permanent Resident  Study Permit  Work Permit

Visiting Forces Act  Refugee Status  International  Permit Expiry Date: \_\_\_\_\_  
MM/DD/YYYY

\*\* Copies of Status in Canada documents MUST BE PROVIDED at time of registration.

\* **E-mail notifications from the school** may include correspondence regarding your child's education, newsletters, and information about school-related activities and events such as hot dog days, yearbooks, field trip opportunities, student photos, and graduation

\***Do you give the school permission to contact you by e-mail?**  Yes  No

\* I understand that I have the option to unsubscribe from e-mail notifications at any time by contacting the school.

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work Cell Phone: \_\_\_\_\_

Are you a Louis Riel School Division employee?  No  Yes If yes, LRSD E-mail: \_\_\_\_\_

As parent/guardian, do you wish to have online access to school and student information (parent portal)?  Yes  No  
**(An email address is required to access the Parent Portal.)**

Are you allowed to pick up this student?  Yes  No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

**2. Parent/Adult Caregiver that Resides WITH the PRIMARY Parent/Guardian (if applicable)**

Parent/Caregiver's relationship to student:

Mother    Father    Stepmother    Stepfather    Foster Mother    Foster Father

Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

**\* E-mail notifications from the school** may include correspondence regarding your child's education, newsletters, and information about school-related activities and events such as hot dog days, yearbooks, field trip opportunities, student photos, and graduation.

**\*Does this parent/guardian give the school permission to contact them by e-mail?**    Yes    No

\* I understand that I/we will have the option to unsubscribe from e-mail notifications at any time by contacting the school.

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work Cell Phone: \_\_\_\_\_

Is this person a Louis Riel School Division employee?    No    Yes   If yes, LRSD E-mail: \_\_\_\_\_

Does this parent/guardian wish to have online access to school and student information (parent portal)?    Yes    No  
**(An email address is required to access the parent portal.)**

Is this person allowed to pick up this student?    Yes    No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House #                      Street    Apt    Postal Code    City

**3. Parent/Guardian that DOES NOT reside with the PRIMARY Parent/Guardian (if applicable)**

Are there any legal restrictions for this parent/guardian to access the student?  No  Yes

If Yes, a copy of legal documents **must** be provided to the school.

Please specify: \_\_\_\_\_

Parent/Guardian's relationship to student:

Mother  Father  Stepmother  Stepfather  CFS

Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

**\* E-mail notifications from the school** may include correspondence regarding your child's education, newsletters, and information about school-related activities and events such as hot dog days, yearbooks, field trip opportunities, student photos, and graduation.

**\*Does this parent/guardian give the school permission to contact them by e-mail?**  Yes  No

\* I understand that I/we will have the option to unsubscribe from e-mail notifications at any time by contacting the school.

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work Cell Phone: \_\_\_\_\_

Is this person a Louis Riel School Division employee?  No  Yes If yes, LRSD E-mail: \_\_\_\_\_

Does this parent/guardian wish to have online access to school and student information (parent portal)?  Yes  No  
**(An email address is required to access the parent portal.)**

Is this person allowed to pick up this student?  Yes  No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City



**4. Parent/Guardian that DOES NOT reside with the PRIMARY Parent/Guardian (if applicable)**

Are there any legal restrictions for this parent/guardian to access the student?  No  Yes

If Yes, a copy of legal documents **must** be provided to the school.

Please specify: \_\_\_\_\_

Parent/Guardian's relationship to student:

Mother  Father  Stepmother  Stepfather  CFS

Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

**\* E-mail notifications from the school** may include correspondence regarding your child's education, newsletters, and information about school-related activities and events such as hot dog days, yearbooks, field trip opportunities, student photos, and graduation.

**\*Does this parent/guardian give the school permission to contact them by e-mail?**  Yes  No

\* I understand that I/we will have the option to unsubscribe from e-mail notifications at any time by contacting the school.

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Work Cell Phone: \_\_\_\_\_

Is this person a Louis Riel School Division employee?  No  Yes If yes, LRSD E-mail: \_\_\_\_\_

Does this parent/guardian wish to have online access to school and student information (parent portal)?  Yes  No  
**(An email address is required to access the parent portal.)**

Is this person allowed to pick up this student?  Yes  No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

## Emergency Contacts

If the listed Parent(s)/Guardian(s) are unavailable during an emergency, the school should call:

**Emergency Contact 1** Contact's relationship to student:

Grandmother  Grandfather  Aunt  Uncle  Friend  Neighbour  Brother  Sister

Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Is this person allowed to pick up this student?  Yes  No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

**Emergency Contact 2** Contact's relationship to student:

Grandmother  Grandfather  Aunt  Uncle  Friend  Neighbour  Brother  Sister

Other, please specify: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Is this person allowed to pick up this student?  Yes  No

Emergency call sequence (i.e. call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt Postal Code City

## Childcare

Name of Daycare/Sitter: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Can pick up student?  No  Yes Is Emergency Contact?  No  Yes If yes, emergency call sequence: \_\_\_\_\_

If eligible, does this student require bussing from or to their daycare/sitter location by LRSD transportation?

**AM:**  No  Yes **PM:**  No  Yes Details: \_\_\_\_\_

## Student Health Details

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Your child's school must be aware of any health condition and ongoing prescribed medications.**

Does the student have a diagnosed health condition?

Asthma Inhaler  Yes  No Does this student carry inhaler to school/program?  Yes  No

Allergy: \_\_\_\_\_ Epipen?  Yes  No

Diabetes  Hard of Hearing  Seizures  Vision

Other, please specify: \_\_\_\_\_

Medic Alert membership?  Yes  No If yes, membership number: \_\_\_\_\_

Comments regarding health condition: \_\_\_\_\_

Dietary Restriction (vegan, halal, etc.): \_\_\_\_\_

Does the student use any ongoing prescribed medication?  Yes  No

If yes, medication name(s): \_\_\_\_\_

Who administers the medication during school hours?  Home  School  Self-administered

If "school" or "self", location of medication(s): \_\_\_\_\_

Does the student require any special medical procedures to be monitored or implemented by the school?

No  Yes **If yes, please contact the school Principal to arrange a Health Care Plan.**

## Emergency Medical Procedure (Please read this carefully)

If your son/daughter/custodial child becomes seriously ill or injured at school or while on a school-related activity, school personnel will make every effort to notify you to request your instructions.

If school personnel are unable to contact you, or the nature of the illness or injury does not permit delay, we will transfer your son/daughter/custodial child (by car or ambulance, as appropriate) to the nearest medical facility. Emergency treatment will occur as deemed necessary by the medical facility.

## Legal Guardian Signature

I have read the Student Registration Form and certify all information completed to be true. I will provide the school with updated information as circumstances change (ie: address information, contact information, health care needs, etc.).

Date: \_\_\_\_\_ Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Legal Guardian Signature: \_\_\_\_\_