



The Red River Valley School Division
Division Scolaire Vallée de la Rivière Rouge
P.O. Box 400 Morris, MB R0G 1Y0
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www.rrvsd.ca

This personal information and personal health information, is being collected under the authority of The Red River Valley School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected under the 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 of this information, please contact The Red River Valley School Division.

<hr/> School	<hr/> School Year	<hr/> Previous School Attended
<hr/> Legal Surname	<hr/> Legal Land Description (Section/Township/Range/Street Address)	
<hr/> Legal Given Name(s)	<hr/> Mailing Address	
<hr/> Name Used	<hr/> Postal Code	<hr/> Home Telephone
<hr/> Gender (M/F)	<hr/> Birth Date (m/d/y)	<hr/> Grade Level

First Language Spoken: _____
Program Choice: English French Immersion Français

Office Use Only: <input type="checkbox"/> Proof of Age confirmed (e.g. Birth Certificate for Kindergarten Entry) <input type="checkbox"/> Resident of The Red River Valley School Division (if no, ensure School of Choice or Program Not Offered form is completed and attached)

<p><u>Father's (or legal guardian's) Information</u></p> <hr/> Name (Last, First) <hr/> Address <hr/> Mailing address (if different from above) <hr/> Work Telephone: _____ Other Telephone: _____ <hr/> Home Telephone: _____ <hr/> Email Address: _____	<p><u>Mother's (or legal guardian's) information</u></p> <hr/> Name (Last, First) <hr/> Address <hr/> Mother's mailing address (if different from above) <hr/> Work Telephone: _____ Other Telephone: _____ <hr/> Home Telephone: _____ <hr/> Email Address: _____
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Living Arrangements and Custody Information

<p>Student Resides With:</p> <ul style="list-style-type: none"><input type="checkbox"/> Parents<input type="checkbox"/> Mother<input type="checkbox"/> Father<input type="checkbox"/> Guardian<input type="checkbox"/> Foster<input type="checkbox"/> Other: _____	<p>Custody:</p> <ul style="list-style-type: none"><input type="checkbox"/> Joint<input type="checkbox"/> Mother only<input type="checkbox"/> Father only<input type="checkbox"/> Guardian<input type="checkbox"/> Other: _____
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<p>If the student is in your care as a foster child, please provide the following:</p> <p>Agency: _____ Address: _____ Worker's Name: _____ Telephone number: _____</p>	<p>Please provide the name of any person (s) to whom access has been denied by court order:</p> <p>_____ _____</p>
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Office Use Only: <input type="checkbox"/> Foster documents confirmed <input type="checkbox"/> Student In Care intake form attached <input type="checkbox"/> Copy of legal document (denying access) on file at school. <input type="checkbox"/> EDI Information attached
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If not a Canadian Citizen, student has:

- Student authorization with Landed Immigrant Status
 Student authorization without Landed Immigrant Status
 Refugee
 VISA Student

Brothers & Sisters (Please list in order of age, including preschool and school-aged siblings)

Gender	Name (Last, First)	Date of Birth (MM/DD/YYYY)	School Attending (if applicable)

Medical Information

Please list the student's medical conditions / restrictions (allergies, physical limitations, mental limitations, medications, chronic conditions, etc.)

* It is the responsibility of the parent/legal guardian to keep the school informed as necessary should there be any change to the above.

Does your child wear a MedicAlert© bracelet? yes no If "yes", what is the ID Number? _____

Student's PHIN No. Family MHSC No. Family Doctor Doctor Telephone. Treaty No.

Emergency Information

1. _____
Name Daytime Phone Other Phone
2. _____
Name Daytime Phone Other Phone

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 town students.

1. _____
Name Daytime Phone Other Phone
2. _____
Name Daytime Phone Other Phone

Student Services

Are any of the following services currently being provided to your child (or have they in the past)?

- Resource
 Guidance
 Educational Assistant (Level 2 or 3)
 Speech Language Pathologist
 Psychology
 Other _____
- Occupational or Physical Therapy
 Psychiatry
 Mental Health
 Individual Education Plan (IEP)
 Social Worker

* If any have been selected, please complete an Authorization of Release form.

Aboriginal Identity (Voluntary)

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.)

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), 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)

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

- | | | | |
|--|---------------------------------|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Ininiw | <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Dakota |
| <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Michif | <input type="checkbox"/> Inuktitut | <input type="checkbox"/> Other: _____
(Please Specify) |

Daycare Information:

Please list any day-care or preschool experience your child has had (early years registration only);

Does your child attend a before and/or after school program? yes no

If “yes”, please provide the following:

_____ Name of facility or child care provider	_____ Telephone number
_____ Address	_____ Contact Name

Permissions and Certifications

I hereby authorize The Red River Valley School Division to:

Release my child’s name and/or picture and/or school work in situations that are school approved, including but not limited to media, school newsletters, awards, sports teams and school web pages.

- Yes
- No

Allow my child to participate in supervised activities off school property, but within the school’s community

- Yes
- No

Release my contact information to the Parent Advisory Council

- Yes
- No

Provide emergency medical assistance (including the use of an ambulance) if necessary

Yes

No

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

Date

Signature of Parent or Legal Guardian

Print Name

Office Use Only

Check off as required

- Release of Information Form (Student Services)
- Proof of Age copied for file
- URIS form provided
- School of Choice form provided
- Custody documents copied for file
- Citizenship documents copied for file
- Restricted Access documents copied for file
- Foreign student fee is collected if applicable.
- Medication form
- Transportation Request