



# INTERLAKE SCHOOL DIVISION STUDENT REGISTRATION FORM

French Immersion  
Registration

School  School Year  Previous School Attended (if outside the Division)

Legal Surname  Physical Address (Section/Township/Range or Street Address)

Legal Given Name(s)  Mailing Address

Name Used  Postal Code  Home Tel. No.

Gender:  Male  Female  /  /  Birthdate (y/m/d)  Grade Level

Proof of Age Confirmed (Kindergarten Only)  /  /  (y/m/d)

**PARENT/GUARDIAN INFORMATION:**

Father (Guardian) Legal Surname

Mother (Guardian) Legal Surname

Father (Guardian) Legal Given Name

Mother (Guardian) Legal Given Name

Mailing Address (if different from above)

Mailing address (if different from above)

Work Tel. No.  Cell No.

Work Tel. No.  Cell No.

Home No.(if different than above)

Home No.(if different than above)

E-Mail

E-Mail

Student resides with:   
 Parents  
 Mother  
 Father  
 Guardian  
 Foster  
 Other \_\_\_\_\_

*If your child is a foster child please provide:*  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Workers Name: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Custody:   
 Joint  
 Mother only  
 Father only  
 Guardian  
 Other (provide) \_\_\_\_\_

The named has been denied access by court order:  
  
First Name/Surname

Copy of legal document on file at school

**MEDICAL INFORMATION**

Student's PHIN No.

Family MHSC No.

Family Doctor

Doctor's Tel. No.

**MEDICAL CONDITIONS/RESTRICTIONS** (Please list any medical conditions, allergies, physical disabilities or any medications taken):

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EMERGENCY CONTACT (**in area**, if parents/guardians cannot be reached)

First Name/Surname (Primary Contact)

Tel. No.

First Name/Surname (Alternate Contact)

Tel. No.

**\*\* If immediate medical attention is required, your child will be taken to the nearest hospital. Every attempt to contact will be made.**

It is the responsibility of parents/guardians to notify the school immediately of any health factors of which the school should be aware.

**HAS YOUR CHILD HAD CONTACT WITH:** Social Services Psychologist Psychiatrist Counsellor Other Agency \_\_\_\_\_**BROTHERS & SISTERS (in order of age-preschool & school age)**

GENDER	FIRST NAME/SURNAME	DATE OF BIRTH (Y/M/D)	SCHOOL

**BUS INFORMATION**

Name of Bus Driver (home pick-up)

Bus No.

Name of Bus Driver (delivers to school)

Bus No.

**EARLY DISMISSAL (FOR EMERGENCY SCHOOL CLOSURE)**

FILL IN ONE OF THE FOLLOWING PROCEDURES (APPLIES TO ALL STUDENTS):

- Send home as usual. This applies to town students. **(No phone call will be made from the school.)**

OR

- My child is a bus student and **will be sent home** on the bus. Please provide contact information below. *(All parents of K – 8 bus students will be contacted by bus route parents. If no one can be reached, the preceding home on your bus route will be called and requested to meet the bus and take temporary responsibility for your child. In the case of Grades 9 - 12 students, notification may be made by leaving a message at the number provided by you.)*

OR

- My child is a town student and we will attempt to contact one of the following. Please provide contact information below.

**\*\* If no contact is made and buses are unable to run, your child may be sent home with another town parent until you can be reached.**

First Name/Surname (Primary Contact)

Tel. No.

First Name/Surname (Alternate Contact)

Tel. No.

***For All K – Grade 12 Students:***

*In extreme emergencies when buses cannot leave, all bus students will be kept at the school or billeted with town students.*

**PERMISSION**

I hereby authorize the Interlake School Division to:

1. Release my child's name and/or picture in situations that are school-approved, to include but not limited to media, school newsletters, awards, sports teams, school web pages:

Yes

No

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

Yes

No

**INTERNET USE**

I hereby give permission for my child to use the Internet for educational purposes. Any violation of its use may result in appropriate disciplinary measures.

The Interlake School Division has taken precautions to circumvent student access to controversial material. However, I also recognize it is impossible for the Interlake School Division to restrict access to all controversial materials and I will not hold it responsible for materials acquired on the network.

Yes                       No

**OTHER FORMS THAT MAY BE SENT OUT BY THE SCHOOL THROUGHOUT THE YEAR:**Opt In Forms:

1. URIS, Interlake School Division (May, September) – *(this form provides health care information)*
2. Hep B (Grade 4), IRHA (November, May)
3. Access to Pupil Information Pupils 18 Years of Age or Older Consent to Disclose Personal Information to Parents/Guardians

Opt Out Forms:

1. Human Sexuality (Grades 5 & 7), School (May)
2. Personal Safety (Grades 1 & 2), School (May)
3. Reproductive Health (Grades 9-12), IRHA,(September)

Other:

1. Aboriginal Identity Letter (Kindergarten students & students new to the Division)

INFORMATION PROVIDED ON THIS FORM WILL BE IN EFFECT AS LONG AS THE ABOVE-MENTIONED CHILD IS A REGISTERED STUDENT OF THE INTERLAKE SCHOOL DIVISION. IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO NOTIFY THE SCHOOL IF CIRCUMSTANCES CHANGE.

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

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature