



# INTERLAKE SCHOOL DIVISION STUDENT REGISTRATION FORM

French Immersion  
Registration

Date of Registration: \_\_\_\_\_

Warren Collegiate School      2017-2018 School Year      \_\_\_\_\_ Previous School Attended

\_\_\_\_\_  
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      Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm / dd / yyyy)      Grade Level: \_\_\_\_\_

Copy of Birth Certificate Provided (Kindergarten Only)

For office use only: MET Number \_\_\_\_\_

**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       Parents Alternately  
 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 \_\_\_\_\_

Comment: \_\_\_\_\_  
The named has been denied access by court order:  
\_\_\_\_\_  
First Name/Surname  
 Copy of legal document on file at school

**MEDICAL INFORMATION**


Student PHIN No. (9 digit #)

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 parents/guardians will be made.**

Parents/guardians must notify the school immediately of any changes in health information.

**BROTHERS & SISTERS (in order of age—preschool & school age)**

GENDER	FIRST NAME/SURNAME	DATE OF BIRTH (MM/DD/YYYY)	SCHOOL

**EARLY DISMISSAL (FOR EMERGENCY SCHOOL CLOSURE)****TOWN STUDENTS (12 YEARS OR OLDER): FILL IN ONE OF THE FOLLOWING PROCEDURES**

- Send home as usual. This applies only to town students age 12 or older.
- My student is 12 or older but is **not** to be sent home prior to the end of the school day.

Bus students and all remaining students will be escorted to a pre determined evacuation site where they will remain until the end of the school day, at which time, town students will be dismissed and bus students would be sent home on the bus.

All parents/guardians will be notified through the automated phone system.

**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, Manitoba High School Athletic Association, school/division web pages, divisional Facebook page:

 Yes

 No

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

 Yes

 No
**ACCEPTABLE USE OF TECHNOLOGY AGREEMENT FORM FOR STUDENTS**

I have read and understand the following Interlake School Division policy references:

- Responsible Use of Technology for Students, B – 10 (R2) ([www.isd21.mb.ca](http://www.isd21.mb.ca))
- Digital Citizenship Guidelines, B – 10 (R3) ([www.isd21.mb.ca](http://www.isd21.mb.ca))

I hereby give permission for my son/daughter to participate in the use of technology for educational purposes on both ISD and personally owned devices. I understand that any violation of divisional policy will 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.

Student Signature:

Parent Signature:

Date:

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.

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature

For Office Use Only:

Date

Entered in Power School \_\_\_\_\_

Transportation Dept. Notified \_\_\_\_\_