



GARDEN VALLEY COLLEGIATE REGISTRATION FORM

736 Main St Winkler MB R6W 4C8 Phone 204-325-8008

Please complete accurately and return. Please advise the school office of changes as they occur.

FOR OFFICE USE ONLY:

Registration Date _____ Start Date _____ Grade Level: 9 10 11 12

Bus Transportation Requested: Yes _____ (form required) No _____ EAL: Yes _____ No _____ NEWCOMER CODE: _____

Schools of choice: Yes _____ No _____

Student No: _____ Homeroom: _____ Student File requested _____ Computer Password: _____

STUDENT INFORMATION

STUDENT'S LEGAL NAME: _____
Last Name First Name Middle Name(s)

Preferred Name at School: _____ Male/Female: _____ Date of Birth: ____/____/____ Age: ____
Month Day Year

Country of Birth: _____ # Years in Canada: _____ Languages Spoken at Home: _____

If new Immigrant, **LATEST** Date of Entry to Canada: _____ From which Country: _____

Home Phone #: _____ Home Email: _____ Student Cell Phone #: _____

Mailing Address: _____
Box # Apt. / House # Street Name Town/City Postal Code

Street Address: _____
Box # Apt. / House # Street Name Town/City Postal Code

With whom does the student reside: Parents (Both) _____ Mother _____ Father _____ Guardian(s) _____ CFS care _____

PRIMARY HOUSEHOLD PARENT/GUARDIAN INFORMATION (PRIMARY RESIDENCE)

Father / Guardian / Foster _____
(circle one) Name Place of Employment Work Phone #

Cell Phone # Email Address

Mother / Guardian / Foster _____
(circle one) Name Place of Employment Work Phone #

Cell Phone # Email Address

ADDITIONAL PARENT/GUARDIAN INFORMATION (JOINT CUSTODY/BLENDED FAMILY)

Guardian / Parent _____
(circle one) Name Home Phone # Cell Phone #

Place of Employment Work Phone #

Mailing Address: _____
Box # Apt. / House # Street Name Town/City Postal Code

CFS AGENCY: _____
Agency Name Address Phone #

CFS CASE WORKER _____
Case Worker Name Email Address Phone #

EMERGENCY CONTACTS

Emergency / Storm contact 1 in Town: _____
(Other than parents) Name Home Phone # Cell Phone #

Emergency / Storm contact 2 in Town: _____
(Other than parents) Name Home Phone # Cell Phone #

PREVIOUS EDUCATION

Last school Attended: _____ Grade: _____ School Year: _____

City: _____ Province: _____ Country: _____

Has student previously attended gvsd? Yes ____ No ____

School: _____ Grade: _____ Year: _____

HEALTH INFORMATION

MEDICAL #'s: _____
(6 digit family number) (9 digit PHIN)

Family Doctor: _____ Location: _____ Phone: _____

Please indicate health care needs:

Health Concerns: _____

Does management of this condition require school assistance or intervention? Yes ____ No ____

Allergies (identify): _____

ABORIGINAL IDENTITY DECLARATION - EIS DATA COLLECTION

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Advanced Learning 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.)

1. 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.

2. 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)

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

- Anishinaabe (Objibway/Saulteaux) Ininiw
 Dene (Sayisi) Dakota
 Oji-Cree Michif
 Inuktitut Other-please specify: _____

AUTHORIZATIONS AND CONSENTS

I give authorization and consent for Garden Valley School Division to use my child's photograph(s), video and audio recordings, and student work for educational and promotional purposes. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisements, news releases and newsletters, slide shows, video presentations, and the Internet through GVSD websites.

I authorize the School Advisory Council to access my telephone number for school purposes.

I consent to receiving emails from this school, in the form of newsletters, school updates, announcements, fundraising and promotions.

Parent / Guardian Signature: _____ **Date:** _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information on this form is being collected under the authority of the Education Administration Act and applicable regulations to enable school staff to educate and care for our students as prescribed in the Public Schools Act, Garden Valley School Division Policy Manual, and the policies of this school. All information will be kept confidential and protected in accordance with the Freedom of Information and Protection of Privacy Act and the Personal Health and Information Act.

I understand that my child's school work will be copyright protected, and no home addresses or phone numbers will appear with such work, and the work may be identified only by my child's first name.