



PARK WEST SCHOOL DIVISION STUDENT REGISTRATION FORM

For information on how to complete this form, visit: <https://www.pwsd.ca/>

OFFICE USE	
MET #:	_____
<input type="checkbox"/> Cum File Requested	<input type="checkbox"/> School of Choice Form

This personal information is being collected under the authority of the Public Schools Act and/or the Education Administration Act and will be used for the purpose of educating your child. It is protected by the Protection of Privacy 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, please contact your school. The Division expressly prohibits release of class lists to any group or individual other than the Department of Education and the regional health authority (Prairie Mountain Health).

SCHOOL INFORMATION:

School Name: _____	School Bus: Rural In Town None	Primary Language Spoken at home: _____
School Year: _____ Enroll in Grade: _____ Previous Grade: _____	Previously Registered in PWSD: Yes No	
Previous School District Name: _____	Previous Prov/Country: _____	
Previous School Name: _____	Previous School Phone: _____	

STUDENT INFORMATION:

Legal Last Name: _____	Physical Address: _____
Legal First Name: _____ Legal Middle Name: _____	<small>(Apartment/Street Number & Name if in Town/City, or Section/Township/Range if Rural) (Municipality, if Rural)</small>
Preferred Name(s): _____	Mailing Address: _____
Gender: _____ Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(If different from above) (RR #, Comp #, Box # or Street Address) (Town/City) (Postal Code)</small>
Date of Birth: _____	Student Cell #: _____ Primary Email: _____
<small>(mm/dd/yyyy)</small>	Home Phone: _____ <small>(Primary ph# may receive automated voice messages from school)</small>

Office Use: **DOB Verified with Birth Certificate or Passport** (Kindergarten or non-Canadian citizen)

Yes No

LEGAL CUSTODY INFORMATION: Complete this section ONLY if there is a custody arrangement (in place or pending) for your child

This section does not apply to biological/adoptive parents who reside together. If applicable, select one option below to indicate your child's custody arrangement:

For options marked with an asterisk (*) below, a copy of the legal document must be on file at the school.

- | | | |
|---|---|---|
| <input type="checkbox"/> Joint Shared (both parents equally) (both parents will need to sign the back of this form) | <input type="checkbox"/> Sole – Mother Only * | <input type="checkbox"/> copy of legal document on file at school |
| <input type="checkbox"/> Joint – Primary Mother * | <input type="checkbox"/> Sole – Father Only * | |
| <input type="checkbox"/> Joint – Primary Father * | <input type="checkbox"/> Legal Guardian * | |

Child is in care of Child and Family Services

Agency: _____

Agency must complete a [School Registration Form – Children in Care](#) from Healthy Child Manitoba

Please list any individuals who have been denied access by court order:

CONTACT INFORMATION:

Parent / Guardian #1 Relationship to Student:	SELECT ONE	<input type="checkbox"/> Biological/Adoptive Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent	ONLY use this section for a contact who fits one of these relationship types. Enter other contacts in Boxes 3 and 4, below.
1	Last Name: _____	Phone Numbers: _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	First Name: _____	At which number do you prefer to be contacted? (check ONE box only)			
	Email Address: _____	Mailing Address: _____			<small>(If different from student): (RR #, Comp #, Box # or Street Address) (Town/City) (Postal Code)</small>
	Employer: _____				
	Check all that apply: <input type="checkbox"/> Lives with student <input type="checkbox"/> Has custody <input type="checkbox"/> Can pick up from school				

Parent / Guardian #2 Relationship to Student:	SELECT ONE	<input type="checkbox"/> Biological/Adoptive Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent	ONLY use this section for a contact who fits one of these relationship types. Enter other contacts in Boxes 3 and 4, below.
2	Last Name: _____	Phone Numbers: _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	First Name: _____	At which number do you prefer to be contacted? (check ONE box only)			
	Email Address: _____	Mailing Address: _____			<small>(If different from student): (RR #, Comp #, Box # or Street Address) (Town/City) (Postal Code)</small>
	Employer: _____				
	Check all that apply: <input type="checkbox"/> Lives with student <input type="checkbox"/> Has custody <input type="checkbox"/> Can pick up from school				

Emergency Contact #1 Relationship to Student:	SELECT ONE	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Childcare Provider	<input type="checkbox"/> Other (specify): _____
3	Last Name: _____	Phone Numbers: _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
	First Name: _____	At which number do you prefer to be contacted? (check ONE box only)						
	Check all that apply: <input type="checkbox"/> Can pick up from school <input type="checkbox"/> Can contact in the event of emergency							
<small>(In the event of emergency and if the above Parent(s)/Guardian(s) cannot be reached, the school will contact the individual listed in this section.)</small>								

4	Emergency Contact #2 Relationship to Student: SELECT ONE	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend
		<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Childcare Provider
	Last Name: _____	Phone Numbers: _____		
	First Name: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <i>At which number do you prefer to be contacted? (check ONE box only)</i>		
	Check all that apply: <input type="checkbox"/> Lives with student <input type="checkbox"/> Can pick up from school <input type="checkbox"/> Can contact in the event of emergency		<i>(In the event of emergency and if the above Parent(s)/Guardian(s) cannot be reached, the school will contact the individual listed in this section.)</i>	

SIBLING INFORMATION: *(Please list siblings who are of preschool and school age.)*

	Names of Brothers & Sisters <i>(in order of age)</i>	Gender Identity	Date of Birth <i>(mm/dd/yyyy)</i>	School Attending	Grade
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

MEDICAL INFORMATION:

Manitoba Health PHIN *(Personal Health Identification Number – 9 digits)*: See <https://www.pwsd.ca/> for more information.

Does your child have any of the following health concerns: *(A health care plan for your child will be developed through Prairie Mountain Health.)*
 life-threatening allergy asthma any medical conditions that require interventions *(seizure disorders, diabetes, ostomy care, gastrostomy care, clean intermittent catheterization, pre-set oxygen, suctioning, cardiac condition, bleeding disorder, endocrine conditions, and osteogenesis imperfecta)*

Does your child have a **non**-life-threatening allergy? No Yes → *(describe):* _____

If your child requires medications to be administered at school, please complete an Administering Medicines to Students Form (PWSD Procedure #AP: 700). See link for more information: <https://www.pwsd.ca/ap-section7>

INDIGENOUS IDENTITY DECLARATION – Voluntary & Optional *(If your child is Indigenous and you wish to declare his/her identity, please complete this section):*

Indigenous 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 Indigenous 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 already submitted my child’s Indigenous Identity Declaration and have no further changes to make at this time

For New or Updated Declarations:

- I am submitting my child’s Indigenous Identity Declaration for the first time
- I am making changes to my child’s Indigenous Identity Declaration

Indigenous Self-Declaration:

Is your child an Indigenous person, that is, First Nation (North American Indian), Metis, 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, Metis
- Yes, Inuk (Inuit)

Linguistic and Cultural Groups

Which best describes your child’s Indigenous cultural-linguistic identity:

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

AUTHORIZATIONS:

I hereby authorize Park West School Division to:

- I hereby grant permission for my child to participate, without further formal permission on my part, in any walking field trip organized by their teacher and limited to reasonable walking distance from the school. More information about the Walking Field Trip permission form may be found at <https://www.pwsd.ca/ap-section1> Yes No
- Creating Online Student Accounts:** Throughout the course of its normal education practices, PWSD uses online services for both staff and students, in which students will be given access to these services, or these services may contain student data for educational/administrative use. These services include, but are not limited to student data storage, educational process tracking, communication, and course enhancements. Before engaging any online service provider, PWSD makes reasonable efforts to verify the security and compliance of the provider. PWSD will limit information shared with providers to only what is required for the purpose of the service. By selecting YES beside this box, you agree that PWSD reserves the right to use online services it deems useful for educational/administrative purposes at its discretion and share student data with these services on an as needed basis. **Please Note: If you do not agree with this, your child will have limited, to no access to PWSD ICT equipment and resources.** Yes No
- Canada Anti-Spam Legislation:** PWSD uses a messaging application to send communications such as newsletters, school updates, announcements regarding the division/school activities, and fundraising information to parents, staff, and students. I (guardian and students) understand and consent to receive messages via email, text message (after opt in), and phone from PWSD and its schools. Students will receive text messages (after opt in), and phone calls only if they provide their cell phone number to the school office and indicate they wish to receive messages. Please ensure the accuracy of the email addresses, cell phone, and home phone numbers on the registration information pages. ****Permission required to receive emailed report cards and school/divisional notifications**** Yes No
- Noon Hour Consent (Senior High Students Only):** Permission to leave school premises during the lunch hour for the school year. This does not give the student permission to leave the ground at any other time. I understand that my child may be a passenger in a privately owned vehicle and the risk involved. Yes No
- Leaving school premises during studies (Senior High Students Only):** All regular class assignments must be completed as assigned: otherwise, permission will be withdrawn until work is complete. (Allows students to leave the school grounds during the times that he/she does not have class for the school year). The school may require an additional form to be signed by a parent/guardian. More information can be found at <https://www.pwsd.ca/ap-section1> Yes No
- Leaving after exams (Senior High Students Only):** Permission to leave the school after completing their exam(s) for the school year. My child will have transportation home and will notify their bus driver that they will not be riding on the school bus. *Note: All students must sign the Sign Out Sheet that is provided at the school prior to leaving the school each day if departing before 3:15 pm.* Yes No
- Student Photo Release:** I grant permission for audio recordings, video recordings, and digital photographs to be taken of my child. I understand that an audio recording, video recording or photograph of my child may be shared. Sharing may include traditional printed formats and/or online sharing. Traditional printed formats include, but are not limited to, school newsletters, notes, posters, and bulletin boards. Online sharing may include, but is not limited to sharing via email, on websites, using social media channels and collaborative platforms. I understand that the recordings and images collected will be used for non-profit educational purposes only. Yes No
- Student Work Release:** I grant permission for audio recordings, video recordings, and digital photographs to be taken of my child’s schoolwork. I understand my child’s work may be shared. Sharing may include traditional printed formats and/or online sharing. Traditional printed formats may include, but are not limited to school newsletters, notes, posters, and bulletin boards. Online sharing may include, but is not limited to sharing via email, on websites, using social media channels and collaborative platforms. I understand that the recordings and images collected will be used for non-profit educational purposes only. Yes No

To the best of my knowledge, the information provided on this form is true and accurate. In case of joint custody, please have both parties’ sign.

_____ Primary Contact (Print Name)	_____ Primary Contact (Signature)	_____ Date
_____ Joint Contact (Print Name)	_____ Joint Contact (Signature)	_____ Date

Please notify the school of any changes to your child’s information that may occur throughout the school year.