



KELSEY SCHOOL DIVISION STUDENT REGISTRATION FORM

OFFICE USE

MET #: _____ Submission Date: _____
☐ CUME file requested ☐ Entered into PS: _____
☐ Proof of Legal Name ☐ Transportation Form - ☐ N/A
☐ Proof of Residence ☐ URIS Form - ☐ N/A

This personal information is being collected under the authority of the Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Superintendent of Kelsey School Division, Box 4700, The Pas, MB, R9A 1R4; Telephone: (204)-623-6421.

SCHOOL INFORMATION

School of choice: _____ Registering for Grade: _____

Program: ☐ English ☐ French Immersion

Previous School (if any): _____ Phone #: _____

*Please provide a transcript upon enrolling at Margaret Barbour Collegiate to help ensure timely enrollment into classes ** If no previous credit is earned, no transcript is needed.*

STUDENT INFORMATION

LEGAL Name: _____ / _____ / _____
 (as per birth certificate) Last Name First Name Middle Name (s)

Gender: _____ Date of Birth: M/ _____ D/ _____ YR/ _____ MB PHIN # (9-digit): _____

Treaty #: _____ Band: _____ Sponsor: (if applicable): _____

Child's FIRST language(s) spoken at home: ☐ English ☐ French ☐ Other _____

Student's Home Address

Home Phone: _____

House # _____ Physical Address: _____

(Apartment/Street # & Name if in town/city, or Section /Township/Range if Rural)

City _____ Province _____ Postal Code _____

P.O. Box #: _____ Mailing Address: _____

(if different from above - RR# or Street Address)

OFFICE USE – EIS Manitoba

- | | | |
|---|--|---|
| <input type="checkbox"/> (100) Regular - Resident of Division | <input type="checkbox"/> (101) Regular - Resident of Division School of Choice | <input type="checkbox"/> (196) Temporary Resident |
| <input type="checkbox"/> Newcomer Assessment | <input type="checkbox"/> (200) Eligible Rural - on School Bus | <input type="checkbox"/> (501) Eligible Special Vehicle - Allowance |
| <input type="checkbox"/> (170) EAL Eligible | | |

PARENT/GUARDIAN CONTACT INFORMATION LEGAL CUSTODY – Please provide Legal documentation if there is a custody arrangement (in place or pending) for your child, select an option below to indicate your child's custody arrangement: (This does not apply to biological/adoptive parents who reside together.)

Student lives with: ☐ Mother ☐ Father ☐ Guardian ☐ Joint Shared ☐ Other Responsible Adult

Parent/Guardian/Responsible Adult Legal name: _____

Address: _____ Contact #: _____

Email: _____ Employer: _____ Work #: _____

Parent/Guardian/Responsible Adult Legal name: _____

Address: _____ Contact #: _____

Email: _____ Employer: _____ Work #: _____

Emergency Contact: (other than parents) _____ Relationship: _____

Cell #: _____ Home #: _____ Work #: _____

ADDITIONAL CONTACT INFORMATION

In care of CFS (child & family services) ☐ Yes ☐ No Agency: _____ Case Worker: _____

Phone: _____ Email: _____

CITIZENSHIP or IMMIGRANT STATUS

Is the named student a Canadian citizen? ☐ YES ☐ NO birth country, if not Canada _____

Citizenship, if not Canadian:

☐ Permanent Resident/Landed Immigrant

☐ Refugee Claimant

☐ Child of a Canadian Citizen

☐ Child of a lawfully admitted permanent or temporary resident

ENGLISH AS AN ADDITIONAL LANGUAGE

A student may be eligible for EAL support when the language spoken mainly at home is a language other than English

Would your child benefit from EAL (English Language) support? ☐ Yes ☐ No

SUPPORT SERVICES

(Information is being collected so that the appropriate educational services may be provided for your child. This information is protected by the Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal

Please (✓) if your child has ☐ previously received OR ☐ is currently receiving support.

Please (✓) which supports your child had/is receiving so we can work to meet your child's needs.

☐ Resource

☐ Counselor

☐ Reading

☐ Psychologist

☐ Speech and Language

☐ Psychiatrist

☐ Physiotherapist

☐ Social Worker

☐ Occupational Therapy

☐ Other: _____

Agency/Support Service: _____

Contact Person: _____

Address: _____

Phone: _____

Briefly describe service: _____

SIBLING INFORMATION

Do you have other children attending KSD schools? ☐ YES ☐ NO

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

MEDICAL INFORMATION

This medical information is being collected so that appropriate health care plans may be developed and may be necessary to obtain funding. This information will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act. Questions should be directed to the Superintendent of Kelsey School Division, Box 4700, The Pas, MB, R9A 1R4. Telephone (204) 623-6421.

Family Doctor: _____ Phone #: _____

Health Concerns/Allergies: _____

☐ Prescribed Eyeglasses ☐ Prescribed Medication: _____

☐ Hearing Aids

Additional Health Concerns Please indicate (✓) all health care needs that apply to your child:

☐ **Anaphylaxis:** Life-threatening allergy (child is prescribed an EpiPen). A letter and additional form will be provided

☐ **Asthma:** (administration of medication by inhalation) A letter and additional form will be provided.

☐ **Bleeding Disorder**

☐ **Cardiac Condition**

☐ **Clean Intermittent Catheterization or Ostomy Care**

☐ **Diabetes: Type 1 or Type 2**

☐ **Gastrostomy Feeding Care**

☐ **Seizure Disorder**

☐ **Mental Health**

☐ Other: _____

*If you (✓) to any highlighted above, please complete a Unified Referral and Intake System (URIS) form.

☐ My child *does not* have any of the healthcare concerns listed above.

INFORMATION RELEASES – INFORMED CONSENT

Attention Parents/Guardians/Adult Students: Please complete and return this form to the school as soon as possible. This information will be kept on file for reference throughout the school year.

1. Publish or Display Student Work

Our school would like to share information and communicate with parents/guardians by highlighting the school, students, and student work or activities in a variety of publications and/or Division organized or sponsored events. The following are examples only and not meant to be an inclusive list of how student information and work may be published or shown:

- students and their displays during school-sponsored open houses, and professional development sessions;
- students in other school-related activities held at the school, school division sites, or at school or school division-sponsored events;
- division publications, or school publications, which are posted to the school or Kelsey School Division-controlled website;
- or posting or publishing on the school or Kelsey School Division-controlled social media platforms.

Please note: Video and photographs of students posted to the school or Kelsey School Division-controlled websites and Kelsey School Division-controlled social media platforms may identify students by name.

- ☐ **I GIVE CONSENT** to the Kelsey School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school, and samples of my or my child's work in various publications, at a Kelsey School Division organized or sponsored events, and/or on Kelsey School Division websites and social media platforms. I understand that photographs of students posted to the school or Kelsey School Division-controlled websites and social media platforms may identify students by name.
- ☐ **I DO NOT GIVE CONSENT** to the Kelsey School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school, and samples of my or my child's work in various publications and/or **Division organized or sponsored events**.

2. Media

Photographs or videos taken by or sent into the media or any other organization where individual students are identified or instances where students are interviewed.

- ☐ **I CONSENT** to my child (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.
- ☐ **I DO NOT CONSENT** to my child (or myself as an adult student) being photographed, videotaped/recorded, or interviewed by the media.

3. Emails

The school requires your consent to receive any electronic messages that contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets, and athletic events where a financial transaction is required.

Note: You will continue to receive electronic messages on all other school matters.

- ☐ **I CONSENT** to receive electronic messages of this nature.
- ☐ **I DO NOT CONSENT** to receive electronic messages of this nature.

4. Testing – Hearing & Vision

Testing plays an important role in providing appropriate services and support to children in our school system and also provides an essential mechanism to identify student needs.

- ☐ **I CONSENT** to test my child's hearing and vision as deemed necessary by support services, which will be conducted at the school.
- ☐ **I DO NOT CONSENT** to test my child's Hearing and Vision as deemed necessary by support services, to be conducted at the school.

ABORIGINAL IDENTITY DECLARATION

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
- ☐ Have 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) (090)
- ☐ Yes, Métis (200)
- ☐ Yes, Inuk (Inuit) (300)

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

- | | |
|--|--|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) (100) | <input type="checkbox"/> Dakota (130) |
| <input type="checkbox"/> Ininiw (Cree) (110) | <input type="checkbox"/> Oji-Cree (140) |
| <input type="checkbox"/> Dene (Sayisi) (120) | <input type="checkbox"/> Michif (240) |
| <input type="checkbox"/> Inuktitut (310) | <input type="checkbox"/> Other-please specify: _____ (400) |

INDEPENDENT STUDENT - *Note for parents of students 18 years of age or older or whose student will be turning 18 during the school year.*

- **For parents of students 18 years of age or older or turning 18 during the school year, please read the following and sign where indicated:**

Once a student turns 18, provincial legislation indicates that information cannot be shared with anyone not associated with the school (this includes parents). Parents are asked to sign this form to indicate their awareness of this legal requirement.

PARENT SIGNATURE (or 18-Year-Old)

Date

- **Students 18 years of age or older, or who will be turning 18 during the school year – please read the following:**

*Students 18 or older or who will be turning 18 during the school year are asked to permit the school to release information to their parents, guardians, or agencies. It is the **student's responsibility** to ensure the school has accurate demographic information when they turn eighteen. It is assumed that any student being sponsored will allow the school to submit reports to their sponsors as requested*

I, _____ hereby permit the school to release information to my parents/guardians.
(Student Name)

Student Signature

Date

I certify that the information submitted in this application is true and correct to the best of my knowledge.

Parent/Legal Guardian Signature

Date

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



**Kelsey School Division
Box 4700
The Pas, MB R9A 1R4**

Code: JFCBA

INTERNET TECHNOLOGY ACCEPTABLE USE BY STUDENTS

1. Purpose

Kelsey School Division Internet technology and network are intended for responsible educational or research purposes. Access is a privilege and not a right. Using the technology and network for any purpose not deemed appropriate by the School Division is prohibited and may lead to suspension or termination of privileges.

2. Kelsey School Division network accounts will be used only by the authorized owner of the account. Account holders are responsible for their passwords and all activity within their accounts. Information on acceptable use will be provided.
3. In the case of misuse or suspicion of misuse of the network or services, Kelsey School Division reserves the right to access any files on the system.
4. Any malicious attempt to harm or destroy hardware, software, or data belonging to Kelsey School Division or any other account holder will result in cancellation of Kelsey School Division network privileges, and/or criminal charges.
5. Users may not violate, or attempt to violate, the security of the Kelsey School Division computers, data, or network. Any user who exhibits inappropriate behavior will be subject to appropriate discipline, which may include loss of user privileges, suspension, expulsion or legal action.
6. Users are prohibited from accessing, uploading, downloading or distributing material that the school has determined to be objectionable using School Division network technology or personal communication devices such as digital cameras and cell phones (including those equipped with digital cameras).
7. Administrators reserve the right to suspend or terminate a user's access to the Kelsey School Division network upon any breach of the Kelsey School Division Acceptable Use Policy by the user. Appeals may be made to the school administration or via collective agreement processes.
8. No one shall reconfigure network software or operating systems on any computer system or stand alone computer without the written authorization of the Computer Systems Administrator, the Secretary Treasurer, or the Superintendent.
9. No person shall install or download software on any network system or on any stand alone computer without the written authorization of the Computer Systems Administrator, the Secretary Treasurer, or the Superintendent. Software licenses must be in the possession of the Computer Systems Administrator before installation occurs.

Dec99/Jun01/Nov08/Apr13/Jan14/Mar20



TECHNOLOGY (INTERNET/NETWORK) ACCEPTABLE USE AGREEMENT STUDENTS K-12

I, _____ (student), have read and agree to abide by the Acceptable Use Policy and understand the consequences of any misuse of the Kelsey School Division technology and network.

School

Grade

Student signature

Date (M/D/Y)

I, the undersigned, Parent/Guardian of _____ have read and agree to abide by the terms of the Acceptable Use Agreement. By accepting this agreement, I understand the consequences of any misuse of the Kelsey School Division network and technology.

Parent/Guardian Signature

Date (M/D/Y)