

# Turtle River School Division Student Registration Form



Office Use

Entry Date \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_ School

\_\_\_\_\_ MET Number

\_\_\_\_\_ Student Number

\_\_\_\_\_ Date

Information to be entered by Student's Parents/Guardians – PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES

## Student Information (Please Print)

Please fill in and return to the school as soon as possible.

Legal Last Name \_\_\_\_\_ Birth Date: \_\_\_\_\_  Verified  
Month/Day/Year

First Name \_\_\_\_\_ Second Name \_\_\_\_\_

Name Known by \_\_\_\_\_

Language(s) Spoken at Home:  English  Oji-Cree  French  Other (please list) \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Grade Registering In: \_\_\_\_\_

Treaty Number: \_\_\_\_\_ Band Name: \_\_\_\_\_

## Student Mailing Address

Apt. Number/Street: \_\_\_\_\_ Community/Town/Village/City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Section/township/range \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Bus Driver: \_\_\_\_\_ (if known)

## Family - Pre-School/School Age Siblings

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

**The local public health nurses on occasion will be requesting individual student information for their program.**

- I give consent to share this information with the local public health authority  
 I don't consent to sharing

# Student Registration Form

## Parent/Legal Guardian and Contact Information

Legal Custody  Joint  Mother  Other (please note) \_\_\_\_\_  
(only if applicable)  Father  Guardian  Agency (please note) \_\_\_\_\_

Custody / Access notes:

**Student lives with: Mother/Father**

**Parent or Legal Guardian** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address if different from above: \_\_\_\_\_ City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Employer: \_\_\_\_\_

**Parent or Legal Guardian** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address if different from above: \_\_\_\_\_ City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Employer: \_\_\_\_\_

## **Emergency Contact** *(if parent/guardian cannot be reached)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**Emergency Billet** - Name of town billet (friend or relative that lives in town where child can stay in case of a storm: \_\_\_\_\_ Phone Number \_\_\_\_\_

## **Medical Information**

Personal Health I.D. Number \_\_\_\_\_ Manitoba Health Registration Number \_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Indigenous Identification Declaration**

**Indigenous Identity Declaration Authorization and Statement of Understanding**

*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.)*

1. I, \_\_\_\_\_, (name of parent/guardian, please print clearly):

- Am submitting my child's Indigenous Identity Declaration for the first time
- Am making changes to my child's Indigenous Identity Declaration
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. Is your child an Indigenous 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 Indigenous cultural-linguistic identity?

Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other-please specify: \_\_\_\_\_

**Identification of Children that are Eligible for URIS Group B Health Care Support**

**Unified Referral and Intake System (URIS)**

The Unified Referral and Intake System (URIS) is a provincial program that assists community programs in providing a safe and supportive environment for children with special health care needs. It is managed by an interdepartmental committee that includes representatives from the Departments of Health, Healthy Living and Seniors, Family Services and Education and Advanced Learning, with input from others with appropriate expertise.

**Classification of Health Care Needs**

URIS provides a standard means of classifying the complexity of health care needs/interventions and establishes the level of qualification required by staff that supports the child.

- **Group A** - health care procedures that are complex and must be performed by a registered nurse.
- **Group B** - health care needs that can be delegated to non-health-care personnel that are trained and monitored by a registered nurse.

**Identifying a child with URIS Group B health care needs**

It is the community program's responsibility to identify children that have a URIS Group B health care need(s).

**Individual Health Care Plans (IHCP)**

An Individual Health Care Plan (IHCP) is completed when the child is eligible for one or more of the following URIS Group B health care needs.

**Please indicate (√) all health care needs that apply to your child:**

- Anaphylaxis
- Asthma
- Bleeding disorder
- Cardiac condition
- Clean intermittent catheterization
- Diabetes
- Endocrine Conditions
- Gastrostomy care
- Osteogenesis imperfecta
- Ostomy care
- Pre-set oxygen
- Seizure disorder
- Suctioning (oral/nasal)

***If you have checked any of the above health care needs, the school will provide you with information on services available from the Unified Referral and Intake System (URIS).***

***Helpful Tip***

*If a doctor has not prescribed medication for asthma (i.e. reliever medication) or anaphylaxis (i.e. adrenaline auto-injector), the child is NOT eligible for URIS Group B service. The child must also bring this medication to community program to be eligible for URIS Group B support.*

**Informed Consent**

(Media, Student Work, Electronic Communication, and Computer and Internet Usage)

**Electronic Communication – Student usage of division email and sharing of information through email (e.g. Newsletters, etc.)**

As students complete activities and assignments, they are expected to submit and communicate electronically with email. Email is an important 21st century skill that students need to learn to use effectively in order to prepare them for the world. Being efficient in using email as a form of electronic communication is expected of students in our schools. Students are required to be able to submit work and communicate using email.

The division is able to provide students with an email for educational use. Students are obliged to follow the division policy regarding the “proper usage” of division email and may be required by teachers to use as a way of submitting work and assignments.

I give Consent                       I do not give Consent

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As a parent/guardian I allow schools and the division to communicate with me electronically. The electronic distribution (email) of newsletters, school updates and announcements regarding division and school activities, events and news (including fundraising and promotions).

I give Consent                       I do not give Consent

to receive information electronically and will provide my email below.

**Email address:** \_\_\_\_\_

**Media – Television, Radio, Internet Media, and Divisional Video Productions**

As your child grows and learns, they will have the opportunity to participate in many amazing activities and experiences in our schools. We would like to share these positive experiences with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with the permission of the principal.

I give Consent                       I do not give Consent

**for my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.**

**Computer and Internet Usage – Student Usage of School Computers for completing school work and the Usage of the Internet for Research and Educational Purposes**

Turtle River School Division recognizes the educational benefits of computer technology and internet access. Technology is promoted as a valuable instructional learning tool that enhances the ability of teachers to provide new and exciting learning opportunities for students. Students are supervised while using computers, the Internet, and any Information and Communication Technology (ICT). Students are taught the necessary skills to use technology and the internet in a proper manner.

I understand and will follow the guidelines as set in the division policy and school handbooks in regards to the Appropriate Use of Computers and Communication Devices. This includes the use of the Internet; including social media, text messaging and instant messaging and other forms of online communication and sharing platforms and resources that are provided by the Turtle River School Division networked computers. Access to computers and the Internet is for educational purposes as set out in the Turtle River School Division Policy. I further understand that should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken as deemed necessary. As the parent/guardian of the student, I have read the regulations for the Appropriate Use of Information Communication Technology (ICT) and the Use of Personal Communication Devices.

**I give Consent**

**I do not give Consent**

for my son/daughter (or myself as an adult student) to use school computers, have access to the internet, and use any of their own personal devices.

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Signature of Student (Grades 7-12 Only): \_\_\_\_\_

**Student Work, Photographs, and School Promotion – Publish and Display  
(School Display, Newsletters, Yearbook, Newspapers, Division/School Webpages and Social Media)**

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 event(s). It will allow us to share with you the parent/legal guardian about some of the highlighted activities, work and projects your child is participating in at school. This will also showcase our school to the community and general public. Some examples of sharing include but are not limited to:

- Publication of their work (referenced appropriately) in school and division publications as printed or posted on division/school websites (*e.g. Writing compilations, submission for contests, modelling and sharing in schools, other educational purposes, etc.*).
- School or Division publications (newsletters, articles, webpages, community reports, etc.)
- Local newspaper submitted articles
- Sharing on division social media platforms (e.g. Twitter, Facebook)
- Displayed work in schools and the division office ( in the hallways, classrooms, and at various presentations and events)

***\* Please note: Student photographs posted to Turtle River School Division websites will not identify students by full name (only first name)***

**I give Consent**

**I do not give Consent**

to the Turtle River 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 at a Division organized or sponsored event. I understand that photographs of students posted to the school or Turtle River School Division website will not identify students by full name.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

This personal information is being collected under the authority of The Public Schools Act for School related purposes. 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 principal.







# Ste. Rose School

280 Gendreau St. Ste. Rose Du lac, Manitoba R0L 1S0

Dear Parents,

Please be advised that the Department of Education and Training require that schools have your Manitoba Health PHIN# and a copy of either;

- Birth Certificate
- Baptismal Certificate
- Certificate of live birth
- Health card
- Statutory declaration

as proof of age at the time a student registers for school.



# Turtle River School Division

P.O. Box 309 McCreary Mb. R0J 1B0  
Telephone 204-835-2067 Fax 204-835-2426  
Email [divoffice@trsd32.mb.ca](mailto:divoffice@trsd32.mb.ca)

Bev Szymesko  
Superintendent of Schools

Shannon Desjardins  
Secretary Treasurer

## Consent for the Release of Information

I, \_\_\_\_\_, hereby give consent  
(Full Name)

to \_\_\_\_\_  
(Name of Party who is to release the information)

of \_\_\_\_\_  
(Address of Party who is to release the information)

to release the following information:

- \_\_\_\_\_ Medical/Physical Condition
- \_\_\_\_\_ Resource Reports/Tests
- \_\_\_\_\_ Psychologist/Speech Pathologist
- \_\_\_\_\_ Other Confidential Material

of \_\_\_\_\_  
(Student's Name and Address)

to Ste Rose School  
(Name of Party to Receive Information)

of Box 129 . Ste Rose du Lac, MB R0L 1S0  
(Address of Party to Receive Information)

to Resource Dept  
(Description of how information will be used)

I understand that this information will be used for professional purposes only.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*"Learning today for tomorrow"*



# Ste. Rose School

280 Gendreau St. Ste. Rose du Lac, Manitoba R0L 1S0 Phone: 204-447-2088 Fax: 204-447-2457

## Consent Form - In-Town Trip/Tour

I consent to my son/daughter/custodial child's participation in teacher planned and supervised school related programs within town limits, which could take place off the school site and which begin and end on the same day. I understand that I will be informed in advance of all such programs.

<b>Student's Name</b>	<b>Grade</b>	<b>Date of Birth</b>
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**PART B: To be completed by the parent/guardian:**

**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Medical # (6 digit)** \_\_\_\_\_ **Medical PHIN # (9 digit)** \_\_\_\_\_

Medical Alert: refers to any special health condition (i.e. diabetes, asthma, allergies, etc.) and level of severity. Please indicate what special treatment is required if attacks should occur:

\_\_\_\_\_  
\_\_\_\_\_

**Person to contact in case of an emergency:** \_\_\_\_\_

**Telephone number (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_ **other** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ **(home)** \_\_\_\_\_ **(work)** \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**



# Ste. Rose School

280 Gendreau St. Ste. Rose du Lac, Manitoba R0L 1S0

Phone: 204-447-2088 Fax: 204-447-2457

## **STE. ROSE SCHOOL** **LOCK & LOCKER FORM**

NAME \_\_\_\_\_ Grade: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

LOCKER NO. \_\_\_\_\_

LOCK NO. \_\_\_\_\_

COMBINATION \_\_\_\_\_

.....  
**My signature on this form acknowledges the receipt and responsibility of a lock and locker. In addition, I understand the locker and lock are the property of Ste. Rose School and subject to inspections with or without student permission at the discretion of the principal.**

**The school requires that only a school-supplied lock be used on the locker. Students are asked not to leave valuables or money in their locker. Students may use the school safe to store such valuables.**

**My signature indicates I have read and understood the conditions stated above.**

STUDENT SIGNATURE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

**Ste. Rose School**  
**Student Permission to Leave Form #P-30-I**

**Grade Nine & Ten**

**Student Name :** \_\_\_\_\_

**Grade:** \_\_\_\_\_

<b>Period</b>	<b>Time</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>
<b>Noon</b>	<b>12:00 – 1:00</b>						

**I authorize \_\_\_\_\_ (child’s name) to be absent from school during the lunch hour only. I realize that once my child is away from school, the school division or its employees cannot be held responsible for my child’s safety or behavior. I also realize that the school principal may revoke this privilege at any time, if academic performance or behavior is unsatisfactory. Parents may also revoke this privilege at any time by informing the school in writing.**

**Parent’s Comments: Please comment as to where the student will be or any other pertinent comments.**

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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Verification:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Ste. Rose School

280 Gendreau St. Ste. Rose du Lac, Manitoba R0L 1S0 Phone: 204-447-2088 Fax: 204-447-2457

## PARENTAL CONSENT FORM - FOR STE. ROSE SCHOOL

Instructions to parents/guardians:

Before your child is to be taken on school sponsored sports trips away from the school, you will be required to complete this consent form. This form is good for all sporting trips undertaken during the entire school year. If an event is planned outside of the division, an itinerary regarding the trip will be provided. If you require more information before consenting to the trip, please phone the organizing teacher.

### **PART A: To be completed by the school**

Date of Trip: Sports Year \_\_\_\_\_ Method of Transportation: Bus/Vehicle

Departure Place: Ste Rose School Departure Time: As Per Schedules

Destination Place: Areas as per sporting event schedule

Return Place: Ste. Rose School Return Time: Varies Per Schedule

Supervisor(s): Coaches/Staff Purpose of the Trip: All Division Sports

### **PART B: To be completed by the parent/guardian**

*This is to certify my consent for my child to participate in all sports activities undertaken by the Ste Rose School Sports Program.*

Child's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone No. \_\_\_\_\_

Person to contact in case of an emergency \_\_\_\_\_

Medical # (6 digit) \_\_\_\_\_ (9digit) \_\_\_\_\_

Telephone number (home) \_\_\_\_\_ (work) \_\_\_\_\_ other \_\_\_\_\_

List any allergies, illnesses, etc. and what treatment must be carried out:

Any other pertinent information: \_\_\_\_\_

I understand that the trip will be under the supervision of a teacher. I also understand that I may be liable for property damages caused by my child while on and during the excursion. **I realize that I am responsible to provide for transportation, meals and motel in the event there is a storm or that the bus breaks down during a trip.**

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**\*\*Please see reverse side\*\***

**Part C: To be completed by the parent/guardian**

If your son/daughter qualifies to participate in the zone tournament, please recognize that competing at such a level is a commitment to provincial competition, if successful.

Failure to participate will result in parents being completely responsible for a fine which is levied by the MHSAA. The fine is usually \$200.00 per person.

Fines are also assessed against teams not showing up for tournaments sanctioned by MHSAA. ( 2 weeks notice if not attending)

\* \* \* \* \*

I have read the above criteria and authorize my child to participate in the zone and provincial competition. I also agree to pay the fine should my son/daughter not participate as per commitment.

Parent's Signature: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

These forms must be completed in duplicate. One copy will be filed with the school office and the other taken with the supervisor.

**Ste. Rose School**  
**Student Permission to Leave Form #P-30-I**

**Grade Eleven & Twelve**

Student Name : \_\_\_\_\_

Grade: \_\_\_\_\_

Period	Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
1	8:52 – 10:04						
2	10:07 – 10:43						
3	10:48 – 11:59						
Noon	12:00 – 1:00						
4	1:00 – 2:12						
5	2:18 – 3:30						

I authorize \_\_\_\_\_ (child’s name) to be absent from school per above timetable. I realize that once my child is away from school, the school division or its employees cannot be held responsible for my child’s safety or behavior. I also realize that the school principal may revoke this privilege at any time, if academic performance or behavior is unsatisfactory. Parents may also revoke this privilege at any time by informing the school in writing.

**Parent’s Comments:** Please comment as to where the student will be or any other pertinent comments.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Verification:** \_\_\_\_\_ **Date:** \_\_\_\_\_