

École Bannatyne

363 Thompson Drive Winnipeg, Manitoba R3J 3E5

Date Received	
File Requested:	

Phone: 204-888-1101 Fax: 204-832-9199

STUDENT REGISTRATION 2016-2017

<u>NOTICE:</u> This registration form is to be completed by the parent/guardian. Providing false, misleading or incomplete information in this application will constitute just cause for possible withdrawal from school.

REGISTRATION INFORMAT	ION								
You are enrolling your child in	Grade: K	1 2	2 3	4	5 (/	Please circle one))		
Previous School Attended:							Previous	Grade:	
STUDENT INFORMATION									
LEGAL NAME: (On Birth Certificate)	ast Name		/	Firs	st Name	9	/	liddle Name	
I agree to provide a birth certificate current address of the legal guardian		not previously	y submitte	d), a Man	itoba H	lealth card for th	e child and two o	fficial documents v	vith the
Preferred First Name:			G	ender:	□М	□ F Birth	Date:	_////	
Home Phone Number:			Stu	dent Ce	ell Nur	nber (if applica	able):		
Mailing Address:				_/	City	/_	// Province	Postal Code	
	Street/Apt #	•			City		Province	Postal Code	
If your current school is not in	St. James-As	ssiniboia, l	have you	u ever a	ttende	ed school in M	fanitoba? □	Yes □ No	
If yes, name of school:					Manit	toba Educatio	on (MET) #: _		
FAMILY INFORMATION									
Legal Custody (<u>if applicabl</u>	<u>e</u> – as appoi	inted by t	he Cour	t of Qu	een's				
☐ Joint ☐ Mother		Father		Guardian	1	□ Chi	ld and Family	Services	
Name of person(s) who has	(have) legal	custody:	-						
If joint custody, who has prima	ary care and o	control:							
Legal documentation provided	I (court orders	s, restraini	ing orde	rs, etc.)	□ Ye	s □ No			
Other Related Information:									
In Care of CFS (agency name		-	•						
Address (if different from above): _				City:			Postal Code:	: 	
Home Phone:	c	ell Phone	:			Email:			
Name of Employer:			Wor	k Phone):				
Phone number you would like	used as the r	main conta	act numl	oer:					

Parent Name:			Relationship to Student:					
Address (if d	ifferent from a	above):		C	ity:		Postal Code:	
Home Phon	e:	Ce	II Phone:			Em	nail:	
Name of Em	nployer:			Work Ph	one:			
Phone numl	ber you wo	uld like used as the m	ain contact	number:				
Legal Guar	dian's Nan	ne:			Re	elationship	o to Student:	
Address (if d	ifferent from a	above):		C	ity:		Postal Code:	
Home Phon	e:	Ce	II Phone:			Em	nail:	
Name of Em	nployer:			Work Ph	one:			
Phone numl	ber you wo	uld like used as the m	ain contact	number:				
Siblings: N	Name:		Age:		Grade: _	Sc	chool:	
١	Name:		Age:		Grade:	Sc	chool:	
							chool:	
			-				chool:	
Language(s	s): Other th	an English, spoken at	home:					
MEDICAL II	NFORMAT	ION	_					
		Digit):						
							tor's #:	
It is importa	nt that we a	are aware of any medi	cal conditio	ns or on-	going pre	scribed m	nedications.	
Diagnosed	Health Ne	eds - Please check all	that apply:					
Is the stude	nt on any o	n-going prescribed me	edications:	□ Yes	□ No	Specify:		
If yes, who a	administers	during school hours:	☐ Home	□ Self	☐ Scho	ool	(Administration of Prescribed Medication Form must be completed)	
Allergies	☐ Yes	□ No	EpiPen	☐ Yes	□ No	Allergic t	to:	
Asthma	□ Yes	□ No	Inhaler	□ Yes	□ No			
Diabetes	□ Yes	□ No	Seizures	☐ Yes	□ No			
Hearing	□ Yes	□ No	Vision	☐ Yes	□ No			
□ Other – F	Please Spec	cify:						
Do you have	e any conce	erns regarding your ch	ild's speecl	h and lan	guage?	☐ Yes	□ No	
Does this st	udent have	a URIS file?	es □ N	lo				
		to ongoing medical co risional health care/UF						
If your child	has a Med	ic Alert Member ID nu	mber, pleas	se provide	ə:			

We request that you provide us with the names and phone numbers of at least two contacts, other than yourself (a step-parent, relative, friend, or neighbor), in case we are unable to contact you: _____ Relationship to Student: _____ Contact Name: Home Phone: _____ Cell Phone: _____ Ext. _____ Contact Name: Relationship to Student: Contact Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____ Ext. _____ LITERACY LINKS (Applies to Kindergarten Only) Literacy Links is a program of the St. James-Assiniboia School Division for all families with children entering Kindergarten in the fall. Families can pre-register by calling 204-885-1334 ext. 2304 or by contacting the school office. If you have not pre-registered for the program, a literacy facilitator will contact you by telephone in the spring. ATTENDANCE AND BEHAVIOUR POLICIES All students and parents are responsible for ensuring that they are familiar with and comply with the Schools' Attendance and Behaviour Policies. Copies of the policies are available in the school office and will be distributed at the beginning of the year. CATCHMENT Do you live in this school's catchment area? ☐ Yes ☐ No If no, what is your catchment school? If no, why did you choose to register at this school instead of your catchment area school? ☐ Childcare Arrangements/Convenience ☐ Programs Offered ☐ Dissatisfaction/disagreement with staff ☐ Student Preference for Social Reasons ☐ Discipline Issues ☐ Class Size ☐ Other: CHILD CARE (If Applicable) Child Care Centre your child will be attending: Private Sitter Name: _____ Address: ____ Ph: _____ **USE OF PHONE NUMBER AND EMAIL** I give permission to the school to give my phone number and/or email address to school parent ☐ Yes ☐ No organizations so that I may be contacted for special functions that are carried out by these organizations. ☐ Yes ☐ No Canada Anti-Spam Legislation: I consent to receive email in the form of newsletters, school updates, and announcements regarding division and school activities, including fundraising and promotions. Note: Special announcements and events are also broadcast using the divisional Synrevoice telephone system.

FAMILY LIFE (Potentially Sensitive Content)

EMERGENCY CONTACT INFORMATION

IHAE-E-2

The Kindergarten to Grade 12 Physical Education/Health Education curriculum is mandated by Manitoba Education. Content related to substance use and abuse, personal safety and human sexuality is considered potentially sensitive.

Potentially sensitive content must be treated in ways that are appropriate for the local school and community context. Manitoba Education recognizes that the prime responsibility for education about issues of sexuality, including HIV/AIDS, rests with the family. It is clear to parents, teachers, and community health leaders that young people must have knowledge, skills, guidance and support if they are to make responsible and health-enhancing decisions.

sho	accordance with this, the option is available for parents of students at all grade ould receive school-based delivery of potentially sensitive content <u>or</u> delivery in a rents will be notified of the start date and topics to be covered prior to the program	an alternative s					
	Yes, I give my child permission to receive school-based delivery of the potentially sensitive content as outlined in the Physical Education/Health Education Curriculum.						
	No , I prefer that my child receive delivery of the potentially sensitive content as our Education Curriculum in an alternative setting . I understand that I am respondentially sensitive content. Resources and curriculum materials are available to Education website at http://www.edu.gov.mb.ca/ks4/cur/physhlth/curriculum.htm	onsible for ensu through your sc	ring th	e deliv	ery o	f the	
Pa	rent/Guardian Signature:	Date: _	mm	/ dd		уууу	
PA	ARENT/GUARDIAN AND STUDENT CONSENT FOR SEARCH	_			JIHA	-E-2	
as cor reg	ckers, cupboards, desks and any other storage areas are the property of the St. J such the Division reserves the right to inspect the contents of these areas. School nduct an inspection of these student areas whenever they have reasonable groun gulation, rule or discipline has been breached or a violation of the law has occurre that breach or violation.	ol administrators nds to believe a	s have schoo	the aut	thority ision	y to	
reg	th parent/guardian and student must sign the Parent/Guardian and Student Cons gistration in accordance with Policy JIHA, JIHA-R (Search of Student Desks, Lock d Student Driven Vehicles).					ts	
l ha	ave read, understand and agree with the above.						
Stu	udent Signature:	Date:	mm	/ dd		уууу	
Pa	rent/Guardian Signature:	Date: _	mm	/ dd		уууу	
ΤE	CHNOLOGY & INTERNET ACCEPTABLE USE AGREEMENT	IJI	NDC-E	-1, IJN	DBA-	-E-1	
will chi cor res	e St. James-Assiniboia School Division strongly believes that the internet provide I use as a means to extend and enhance the learning experiences in the classrooild to have regular access to the technology available in their school. Please be acmputers will also include supervised access to the internet. St. James-Assiniboia sponsible for supervising students who access the internet on their own for purpostivities.	om. As such, yo dvised that acce School Division	u may ess to I will no	expect Divisior ot be he	your n eld		
Access to the Internet provides students with opportunities to utilize interactive tools and sites on public websites that benefit learning, communication and social interaction. Students will be held accountable for the use of any information posted on these sites if it negatively affects others. To prevent students from using digital technology or electronic communication to harm others, rules are in place and discipline may be taken if the rules are not followed. Teachers may recommend and use public interactive sites that, to the best of their knowledge are legitimate and safe. Because these sites are public all students must use their discretion when accessing information, storing and displaying work on the site. Teachers will provide students with guidance in this area. This applies to St. James-Assiniboia School Division owned devices as well as student owned devices using the St. James-Assiniboia School Division network. (Policy IJNDC, IJNDC-R, IJNDBA, IJNDBA-R)							
the	a parent or guardian and as a student, your signatures on this document, indicate Division Technology policies and agree that access to technology as provided by ucational purposes only.						
Stu	udent Signature:	Date: _		/			
Pa	rent/Guardian Signature:	Date:	mm	dd /	<i>1</i>	уууу	
			mm	dd		уууу	

PRINT & DIGITAL MEDIA RELEASE FORM

The St. James-Assiniboia School Division recognizes that print and digital media and the internet provide an ideal means to showcase and promote school and divisional activities and share student work with other students, parents/guardians, staff and the global community. At the same time, however, the Division remains committed to protecting the privacy and safety of all students. For this reason, the Division has established a protocol for the publication, broadcast and distribution of digital media under the regulations (IJNDBA-R) of Policies IJNDBA.

1. Publication of Student Photos & Student Work Samples

Student photographs or samples of student work may appear in the web version of the school newsletter, the school website or any associated teacher websites only with prior permission from the parents/guardians.

2. Publication of Student Names

Students appearing in photographs may only be identified by first name in any format being published to the internet or distributed to the greater community. This would include student names appearing in, but not limited to...

- a. the web version of the school newsletter
- b. the school website or its associated teacher websites
- c. student, classroom or teacher authored multimedia content
- d. Divisional promotional material (ie. The St. James-Assiniboia School Division's quarterly publication CONTACT)

NOTE: In situations where a student is being recognized for a local, provincial and/or national award, both first and last names may be used.

3. Publication & Distribution of Multimedia Content

Student, classroom or school created multimedia content may only be published to school or Division managed websites, or publicly accessible websites deemed appropriate by the School Division and/or distributed with prior permission from the parents/guardians. (For example, student, classroom or teacher authored multimedia content... classroom presentations, science fair projects, audio or video podcasts)

Please be aware that, at times, schools may choose to stream events such as sports games or music concerts to the internet. As these events are public in nature, privacy legislation does not require the School Division to obtain parental consent to stream the event.

Please check one option:

i icase	check one option.						
	☐ YES, I DO grant the St. James-Assiniboia School Division permission to publish my child's first name, photograph and samples of my child's work as per the protocols outlined above for the purposes of recognizing my child's accomplishments or publicizing and promoting school activities.						
	■ NO, I DO NOT grant the St. James-Assiniboia School Division permission to publish my child's first name, photograph and samples of my child's work as per the protocols outlined above for the purposes of recognizing my child's accomplishments or publicizing and promoting school activities.						
Parent/G	Guardian Signature:	Date: _		dd	уууу		

Note: Once this form is dated and signed, your media release preference shall remain in effect for the current school year or until consent is revoked. You may, at any time, amend your media release preference by notifying the school principal of the change, in writing.

ABORIGINAL IDENTITY DECLARATION

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 am submitting my child's Aboriginal Identity Declaration for the first time.
	☐ I am making changes to my child's Aboriginal Identity Declaration.
	☐ I have already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time
_	Lance of the Allestan Control of the Fred Nation Matter and Lance 1990 (New York National Lance 1991)

2. Is your child an Aboriginal person, that is, First Nation, Métis, or Inuk (Inuit)? (Note: First Nations include Status and Non-Status Indians)

If "Yes", mark the square(s) that best describe(s) your child now:

Yes,	First Nation
Yes,	Métis
Yes,	Inuk (Inuit)

3. Which best describes your child's Aboriginal cultural-linguist	c identity? Please select up to two choices:
☐ Anishinaabe (Ojibway/Saulteaux)☐ Dene (Sayisi)☐ Oji-Cree☐ Inuktitut	☐ Ininiw (Cree)☐ Dakota☐ Michif☐ Other (please specify)
For more information about Aboriginal Identity Declaration, plea	ase contact:
Aboriginal Education Directorate – Murdo Scribe Centre 510 Selkirk Avenue	
Telephone: (204) 945-7886 Toll Free: 1-800-282-8069 Ext Email: richard.perrault@gov.mb.ca Or visit the website at: http://www.edu.gov.mb.ca/aed/abide	, ,
Parent/Guardian Signature:	Date: / /
	mm dd yyyy

All personal information on this form is collected under the authority of the Public Schools Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of general administration. If you have any questions about the collection of this information contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, 204-888-7951.