



Beautiful Plains School Division

REGISTRATION FORM NEEPAWA MIDDLE SCHOOL

CURRENT GRADE LEVEL: _____

MALE _____ FEMALE _____ NOT DISCLOSED _____ NAME TO BE USED IN SCHOOL: _____

LEGAL NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ LANGUAGES SPOKEN AT HOME: _____
MONTH/DAY/YEAR

TOWN/COUNTRY OF BIRTH: _____ ENTRY DATE TO CANADA: _____
(IF APPLICABLE)

STREET/HOME ADDRESS _____ P.O. BOX _____
(HOUSE & STREET # OR SECTION TOWNSHIP RANGE (NE 5-15-17))

CITY/TOWN _____ POSTAL CODE _____ PHONE NUMBER _____

PARENT _____ CELL NUMBER _____ WORK PHONE _____

PARENT'S EMPLOYER _____ PARENT'S EMAIL ADDRESS _____

PARENT _____ CELL NUMBER _____ WORK PHONE _____

PARENT'S EMPLOYER _____ PARENT'S EMAIL ADDRESS _____

BABYSITTER (IF APPLICABLE) _____ HOME/CELL # _____

EMERGENCY CONTACT NAME (other than parents or guardians): _____

HOME/CELL#: _____

BROTHERS AND SISTERS (IN SCHOOL & PRESCHOOL)

NAME: _____	NAME: _____	NAME: _____
DATE OF BIRTH: M/D/Y: _____	DATE OF BIRTH: M/D/Y: _____	DATE OF BIRTH: M/D/Y: _____
NAME: _____	NAME: _____	NAME: _____
DATE OF BIRTH: M/D/Y: _____	DATE OF BIRTH: M/D/Y: _____	DATE OF BIRTH: M/D/Y: _____

A: STUDENT LIVES WITH: ___ BOTH PARENTS ___ FATHER ___ MOTHER ___ OTHER (PLEASE SPECIFY) _____
 IF PARENTS ARE SEPARATED AND CHILD SPENDS TIME AT BOTH PARENTS' HOMES, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PARENT NOT LISTED ABOVE. PARENT NAME _____
 ADDRESS _____
LEGAL CUSTODY: ___ JOINT ___ FATHER ONLY ___ MOTHER ONLY ___ OTHER (PLEASE SPECIFY) _____
NOTE: ANY RESTRICTIONS OF CONTACT WITH CHILD: YES ___ NO ___ (If YES, PLEASE SUPPLY WITH COPY OF LEGAL DOCUMENT.)
DOCUMENT ON FILE: ___ YES ___ NO

B: MEDICAL INFORMATION:
 FAMILY MEDICAL #: (6 DIGIT) _____ PERSONAL HEALTH ID #: (9 DIGIT) _____
 FAMILY DOCTOR: _____ TELEPHONE NUMBER: _____
 SIGNIFICANT MEDICAL CONDITIONS: _____

C: BUS DRIVER (IF APPLICABLE): _____ BUS #: _____
NAME & ADDRESS OF BILLET IN THE EVENT OF A STORM THAT REQUIRES STUDENTS TO REMAIN IN TOWN.
 NAME: _____ ADDRESS: _____ HOME/CELL #: _____

D: INFORMATION: STUDENTS TRANSFERRING IN:
 NAME AND ADDRESS OF SCHOOL LAST ATTENDED: _____

E:
 PARENT SIGNATURE: _____ DATE: _____
 PARENT SIGNATURE: _____ DATE: _____



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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.)

Is your child an Aboriginal person, that is, First Nation (North American Indian), Metis or Inuk (Inuit)?

NO _____ YES _____

If you have answered NO, please return this form to your child's school.

If you have answered YES, please complete the remainder of the form and return to your child's school.

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.

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

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

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

FOR OFFICE/SCHOOL USE ONLY:

BIRTH CERTIFICATE VERIFICATION:
DATE: _____
INITIALS: _____

NEWCOMER/EAL:
<input type="checkbox"/> PERMANENT RESIDENT
<input type="checkbox"/> NON-RESIDENT (REG.VISA PUPIL)
<input type="checkbox"/> NON-RESIDENT (NON SUPPORTABLE)

<input type="checkbox"/> COPY OF CITIZENSHIP
<input type="checkbox"/> COPY OF PASSPORT
<input type="checkbox"/> COPY OF REPORT CARD/TRANSCRIPT
<input type="checkbox"/> COPY OF BIRTH CERTIFICATE

<input type="checkbox"/> URIS FORM COMPLETED
<input type="checkbox"/> FEES MENTIONED (IF APPLICABLE)
<input type="checkbox"/> SCHOOL OF CHOICE PAPERWORK (IF APPLICABLE)

GRADE:	TEACHER:	START DATE:
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