



Great Schools for
Growing and
Learning

Buchanan School

815 Buchanan Blvd.
Winnipeg, Manitoba
R2Y 1N1

Phone: 204-888-0680 Fax: 204-831-7124

Date Received _____

File Requested: _____

STUDENT REGISTRATION 2023-2024

NOTICE: 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 INFORMATION

You are enrolling your child in Grade: K 1 2 3 4 5 (Please circle one)

Previous School Attended: _____ Previous Grade: _____

STUDENT INFORMATION

LEGAL NAME: _____ / _____ / _____
(On Birth Certificate) Last Name First Name Middle Name

I agree to provide a birth certificate for the child (if not previously submitted) and two official documents with the current address of the legal guardian(s).

Preferred First Name: _____ **Birth Date:** _____ / _____ / _____
mm dd yyyy

Gender: ☐ M ☐ F ☐ Trans Person ☐ Two Spirit ☐ Gender Non-Conforming **Pronoun:** _____

Home Phone Number: _____ **Student Cell Number (if applicable):** _____

Mailing Address: _____ / _____ / _____ / _____
Street/Apt # City Province Postal Code

If your current school is not in St. James-Assiniboia, have you ever attended school in Manitoba? ☐ Yes ☐ No

If yes, name of school: _____ Manitoba Education (MET) #: _____

FAMILY INFORMATION

Parent Name: _____ **Relationship to Student:** _____

Address (if different from above): _____ **City:** _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Name of Employer: _____ **Work Phone:** _____

Phone number you would like used as the main contact number: _____

Parent Name: _____ **Relationship to Student:** _____

Address (if different from above): _____ **City:** _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Name of Employer: _____ **Work Phone:** _____

Phone number you would like used as the main contact number: _____

Legal Custody (if applicable – as appointed by the Court of Queen’s Bench):

☐ Joint ☐ One Parent ☐ Guardian ☐ Child and Family Services

Name of person(s) who has (have) legal custody: _____

If joint custody, is there primary care and control assigned? ☐ Yes ☐ No To whom? _____

Legal documentation provided (court orders, restraining orders, etc.) ☐ Yes ☐ No

Other Related Information: _____

Legal Guardian’s Name: _____ **Relationship to Student:** _____

Address (if different from above): _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name of Employer: _____ Work Phone: _____

Phone number you would like used as the main contact number: _____

In Care of CFS? (agency name, worker, telephone, etc): _____

Siblings: Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Language(s) other than English, spoken at home: _____

MEDICAL INFORMATION

Manitoba Health # (9-Digit): _____

Primary Healthcare Provider’s Name: _____ Phone Number: _____

Does your child have accident insurance? ☐ Yes ☐ No Insurance Co. Name: _____

It is important that we are aware of any medical conditions or on-going prescribed medications.

Diagnosed Health Needs - Please check all that apply:

Is the student on any on-going prescribed medications: ☐ Yes ☐ No Specify: _____

(Administration of Prescribed Medication Form must be completed)

If yes, who administers during school hours: ☐ Home ☐ Self ☐ School

Allergies ☐ Yes ☐ No EpiPen ☐ Yes ☐ No Allergic to: _____

Asthma ☐ Yes ☐ No Inhaler ☐ Yes ☐ No

Diabetes ☐ Yes ☐ No Seizures ☐ Yes ☐ No

Hearing ☐ Yes ☐ No Vision ☐ Yes ☐ No

☐ Other – Please Specify: _____

Do you have any concerns regarding your child’s speech and language? ☐ Yes ☐ No

Does this student have a URIS file? ☐ Yes ☐ No

If you answered “Yes” to ongoing medical conditions and do not have a URIS file, would you like your child to have a divisional health care/URIS plan (developed by a Registered Nurse: WRHA)? ☐ Yes ☐ No

If your child has a Medic Alert Member ID number, please provide: _____

EMERGENCY CONTACT INFORMATION

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:

Contact Name: _____ **Relationship to Student:** _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext. _____

Contact Name: _____ **Relationship to Student:** _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext. _____

Contact Name: _____ **Relationship to Student:** _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext. _____

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

☐ Yes ☐ No I give permission to the school to give my phone number and/or email address to school parent 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 School Messenger telephone system.

INDIGENOUS IDENTITY DECLARATION

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 note that your child does not need to speak the language in order to declare. Please select up to two choices:

- | | |
|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Ininiw |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Dakota |
| <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Inuktitut | <input type="checkbox"/> Other (please specify) _____ |

For more information about Indigenous Identity Declaration, please contact:

Indigenous Inclusion Directorate

510 Selkirk Avenue

Telephone: 204-945-7886 Fax: 204-948-2010

Or visit the website at: <http://www.edu.gov.mb.ca/iid/abidentity.html>

Parent/Guardian Signature: _____

Date: ____ / ____ / ____
mm dd yyyy

The personal information is being collected under the authority of The Public Schools Act and the Education Administration Act for school division student registration purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Privacy Act, and the Personal Health Information Act. If you have any questions or concerns about the collection of this information, contact the Access and Privacy Officer at the St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, telephone: 204-888-7951.

The 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 healthy relationships, consent and sexually transmitted and blood borne infections, 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 and wellness enhancing decisions.

In accordance with this, the option is available for parents of students at all grade levels to decide whether the student should receive school-based delivery of potentially sensitive content, or delivery in an alternative setting of their choosing. Parents will be notified of the start date and topics to be covered prior to the program delivery.

- ☐ **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 outlined in the Physical Education/Health Education Curriculum **in an alternative setting**. I understand that I am responsible for ensuring the delivery of the potentially sensitive content. Resources and curriculum materials are available through your school or on the Manitoba Education website at <http://www.edu.gov.mb.ca/k12/cur/physhlth/resources.html>

Parent/Guardian Signature: _____

Date: ____/____/____
mm dd yyyy

PARENT/GUARDIAN AND STUDENT CONSENT FOR SEARCH

JIHA-E-1

Lockers, cupboards, desks and any other storage areas are the property of the St. James-Assiniboia School Division and as such the Division reserves the right to inspect the contents of these areas at any time. School administrators have the authority to conduct an inspection of these areas, locked or unlocked, whenever they have reasonable grounds to believe a school or division regulation, rule or discipline has been breached or a violation of the law has occurred and the search will reveal evidence of that breach or violation.

Students should consider whether they wish to keep items of a private nature in the locker.

Both parent/guardian and student must sign the Parent/Guardian and Student Consent for Search form at the time of registration in accordance with Policy JIHA, JIHA-R (Search of Student Desks, Lockers, Storage Areas, Student Effects and Student Driven Vehicles).

I have read, understand and agree with the above.

Student Signature: _____

Date: ____/____/____
mm dd yyyy

Parent/Guardian Signature: _____

Date: ____/____/____
mm dd yyyy

Note: Parents will be asked annually to sign off on JIHA-E-1 on the School Registration Form.

INTERNET USE PARENT ADVISORY

IJNDC-E-1

The St. James-Assiniboia School Division strongly believes that technology and access to the internet are valuable resources that teachers will use as a means to extend and enhance the learning experiences in the classroom. As such, you may expect your child to have regular access to the technology available in their school and in turn, access to the internet.

Additionally, all St. James-Assiniboia students will be supplied with a Division managed Office 365 account providing them with an email address, cloud based document storage and a set of productivity and collaboration tools that can be used at school and at home.

These resources are being provided to students with the understanding that they will be used for educational purposes only and all such use will abide by the following Division policies:

- Acceptable Student Use of Digital Technologies and Electronic Communications (Policy IJNDC and Regulation IJNDC-R)
- Acceptable Student Use of Digital Technologies and Electronic Communication (Exhibit IJNDC-E-2)
- Student Conduct (Policy JK)

STUDENT ACCEPTABLE USE AGREEMENT**IJNDC-E-1**

I have read, or will ensure that I read, and agree to comply with the Division policies (IJNDC, IJNDC-R, IJNDC-E-2, JK) regarding my responsibilities as a St. James-Assiniboia School Division student as they pertain to my use of Information Technology. I understand and agree that access to technology as provided by the School Division is to be used for educational purposes only, that there is no expectation of privacy, and that the Division has the right to access and monitor the information in the accounts.

School: _____

Student Name: (Print) _____ Grade: _____

As a parent or guardian of the above student, I have read, or will ensure that I read, and agree to support the Division's Student Acceptable Use Policies. (IJNDC, IJNDC-R, IJNDC-E-2, JK) *(Parent or guardian signature required for students less than 18 years of age)*

Name of Parent or Guardian: (Print): _____

Student Signature: _____**Date:** ____/____/____
mm dd yyyy**Parent/Guardian Signature:** _____**Date:** ____/____/____
mm dd yyyy

Note: Parents and/or students will be asked annually to sign off on Section B of IJNDC-E1 on the School Registration Form. For students who turn 18 years of age during the school year, the school will ensure that the student signs a new media release prior to their 18th birthday.

PRINT & DIGITAL MEDIA RELEASE FORM**IJNDC-E-1**

The St. James-Assiniboia School Division recognizes that print media, digital media and the internet provide an ideal means to showcase, celebrate 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 print and digital media under regulation IJNDBA-R and policy IJNDBA.

School Division managed/sanctioned online sites are defined as:

- the Division website;
- school websites;
- teacher websites;
- teacher blogs;
- School Division sanctioned social media tools (as defined in policy GBEE);
- School-wide moderated public social media networks (as defined in policy GBEE).

The School Division requires parent/guardian consent for the use of their child's photograph, video or audio recording, samples of their child's work and the use of their child's name under the circumstances detailed below.

1. Use of Student Photograph and Name in Print and/or Digital School Yearbook*

The following may appear in print or digital versions of the school yearbook:

- Student photographs
- Video and/or audio recordings of students
- Students may be identified by first and last name.

* The term School Yearbook may also include any similar print or multimedia "school souvenir" collection to be distributed to the student body or a smaller group thereof.

2. Publication of Student Photos, Student Work Samples, Video /Audio Recordings and Use of Student Names

For the purposes of highlighting and celebrating events and activities in the school, student photographs and samples of student work may appear:

- in the printed version of the school newsletter.
- in any printed promotional material for the School Division.
- in the local community or city newspaper.
- in the online version of the school newsletter which is posted to the school website.
- on publicly accessible School Division managed/sanctioned online sites as defined above.

Video and/or audio recordings of student activities or events may appear:

- in any multimedia promotional material for the School Division.
- on publicly accessible School Division managed/sanctioned online sites as defined above.
- on television and/or radio broadcasts.

NOTE: At times, schools may choose to stream public events such as sports games, awards ceremonies 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. The school will advise parents, however, when such events are being streamed to the internet.

Publication of Student Names

Students will only be identified by first name in any of publishing formats described above. In cases where a student is being recognized for a local, provincial and/or national award, both first and last names may be used.

Media Release Form Signatures

Please indicate your media release preferences and sign below. If you have any questions or require clarification related to the media release, please speak with your school administrator.

1. Permission for School Yearbook Use

☐ **YES, I DO** grant the St. James-Assiniboia School Division permission to publish and distribute my child's (or my) photograph or video/audio recording in the print or digital version of the school yearbook.

☐ **NO, I DO NOT** grant the St. James-Assiniboia School Division permission to publish and distribute my child's (or my) photograph or video/audio recording in the print or digital version of the school yearbook.

2. Permission for All Other Media Use

☐ **YES, I DO** grant the St. James-Assiniboia School Division, and other media outlets as described, permission to publish my child's (or my) photograph, work samples, video and or audio recordings and name as per the guidelines detailed above.

☐ **NO, I DO NOT** grant the St. James-Assiniboia School Division, and other media outlets as described, permission to publish my child's (or my) photograph, work samples, video and or audio recordings and name as per the guidelines detailed above.

Name of Student (Print): _____
(For students 18 years of age or older only)

Student Signature: _____
(For students 18 years of age or older only)

Date: ____/____/____
mm dd yyyy

Name of Parent or Guardian (Print): _____
(Required for students less than 18 years of age)

Parent/Guardian Signature: _____
(Required for students less than 18 years of age)

Date: ____/____/____
mm dd yyyy

Note: Once dated and signed, this form shall remain in effect for the current school year or until consent is revoked. You may, at any time, amend this form by notifying (in writing) the school principal of the change. Consent of parents/guardians may be withdrawn at any time.

TRANSPORTATION

The St. James-Assiniboia School Division Transportation Policy is subject to change.

Please note: at this time, no purchase seats will be offered for the 2023-24 school year.

☐ Yes ☐ No My child requires transportation to and from school.

☐ Yes ☐ No Someone must be at the stop to receive the student at drop-off.
NOTE: If "yes" is checked, the student will be transported back to the school if someone is not waiting to receive the student at the doors of the bus. Written notice must be provided to the school to change this status.

Transportation Address Information:

Pick-up

- ☐ Same as home address
☐ Different address*
☐ Not required

Drop-off

- ☐ Same as home address
☐ Different address*
☐ Not required

(*) If the pick-up/drop-off address is **different** from home address, please indicate below:

Daycare/Caregiver Address: _____ Phone Number: _____

Daycare/Caregiver Name: _____ Daycare/Caregiver Signature: _____

Please note a fee may be applied for alternate addresses.

Rural (Headingley) Students – Billet Contact:

Please name a contact person (step-parent, relative, friend) who would be available to pick up and accommodate your child in the event of inclement weather where busses have been cancelled during the school day:

Contact Name: _____ **Relationship to Student:** _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ Town: _____

Exceptional Needs Information:

Requires assistance: ☐ Yes (*Please follow up with school office and submit a Personal Transportation Plan (PTP) Application)

Description of Service: ☐ Regular ☐ Wheelchair Access ☐ Harness

☐ I/We have read the School Bus Rules (Policy EEAA-E-1) and understand failure to adhere may result in loss of busing privileges as per policy EEAEC/JICC.

****If this information changes at any time throughout the year, please inform the school.****

Parent/Guardian Signature: _____

Date: ____/____/____
mm dd yyyy

School Use Only: ☐ Child is an eligible rider ☐ Exceptional Needs/Special Program

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