

# **Lincoln Middle School**

3180 McBey Avenue Winnipeg, Manitoba R3K 0T7

Phone: 204-837-8397 Fax: 204-885-3368

Date Received	-
File Requested:	

# **STUDENT REGISTRATION 2025-26**

<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 INFORMA	TION				
You are enrolling your child	in Grade: 7				
Previous School Attended: _			<del></del>	Previous	Grade:6
STUDENT INFORMATION					
LEGAL NAME:		First Name			dle Name
(On Birth Certificate)					
	e for the child (if not previously submit				
Preferred First Name:		· · · · · · · · · · · · · · · · · · ·	Birth Date:	//	dd yyyy
	☐ Trans Person ☐ Two Sp				
Home Phone Number:		Student Cell Num	nber (if applicable	e):	
Student Email Address (if a	applicable):				
Mailing Address:	Street/Apt #	/			
	Street/Apt #	City	P	rovince	Postal Code
If your current school is not	in St. James-Assiniboia, have	you ever attended	d school in Mar	nitoba? □ Ye	s 🗆 No
If yes, name of school:		Manito	ba Education (	(MET) #:	
Student Social Insurance No	umber:	· · · · · · · · · · · · · · · · · · ·			
FAMILY INFORMATION					
Parent Name:		Relation	nship to Studer	nt:	
Address (if different from above)	:	City:	P	ostal Code: _	
Home Phone:	Cell Phone:		Email:		
Name of Employer:	V	Vork Phone:			
Phone number you would like	ke used as the main contact n	umber:			-
Parent Name:		Relation	nship to Studer	nt:	
Address (if different from above)	:	City:	P	ostal Code: _	
Home Phone:	Cell Phone:		Email:		
Name of Employer:	V	Vork Phone:			
Phone number you would like	ke used as the main contact n	umber:			

Legal Custo	dy ( <u>if appl</u>	icable – as appointe	ed by the	Court of	King's B	Bench):	
□ Joint		l One Parent	□ Gu	ıardian	[	□ Child a	and Family Services
Name of per	son(s) who	o has (have) legal cu	stody: _				· · · · · · · · · · · · · · · · · · ·
If joint custod	y, is there բ	orimary care and cont	rol assigne	ed? □ Ye	s 🗆 No	To wh	om?
Legal docum	entation pro	ovided (court orders, r	estraining	orders, e	tc.) 🗆 Ye	es □ No	0
Other Related	d Informatio	on:					
Legal Guard	ian's Nam	e:			Re	elationsh	ip to Student:
Address (if diff	erent from ab	ove):		C	ity:		Postal Code:
Home Phone	·	Cell	Phone:			E	mail:
Name of Emp	oloyer:				Work	Phone:	
Phone number	er you woul	ld like used as the ma	in contact	number:			
1							
							School:
Na	ame:		Age:_	· · · · · · · · · · · · · · · · · · ·	Grade: _	s	School:
Na	ame:		Age:_		Grade: _	8	School:
Na	ame:		Age:		Grade: _	s	School:
Language(s)			nome:				
Manitoba Health # (9-Digit):  Primary Healthcare Provider's Name: Phone Number:				one Number			
Does your child have accident insurance?   Yes   No Insurance Co. Name:							
•		e aware of any medic				_	medications.
Diagnosed F	lealth Nee	<b>ds</b> - Please check all t	hat apply:				
Is the student	on any on	-going prescribed med	dications:	☐ Yes	□ No	Specify	
If yes, who ac	dministers o	during school hours:	☐ Home	□ Self	□ Sch	ool	(Administration of Prescribed Medication Form must be completed)
Allergies	☐ Yes	□ No	EpiPen	☐ Yes	□ No	Allergio	: to:
Asthma	☐ Yes	□ No	Inhaler	☐ Yes	□ No		
Diabetes	☐ Yes	□ No	Seizures	☐ Yes	□ No		
Hearing	☐ Yes	□ No	Vision	☐ Yes	□ No		
	•	fy:					
•	•	ns regarding your chil	d's speecl	n and lan	guage?	☐ Yes	□ No
Does this stu						☐ Yes	□ No
		ongoing medical condi I health care/URIS pla					ould you like your □ Yes □ No - WRHA)?
If your child h	as a Medic	: Alert Member ID num	nber pleas	e provide	:		

# 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: Ext. Home Phone: Work Phone: Ext. Contact Name: Relationship to Student: Ext. Contact Name: Nork Phone: Ext. Contact Name: Nork Phone: Ext. 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? Please write below: CHILD CARE (If Applicable) Child Care Centre your child will be attending:

### **USE OF PHONE NUMBER AND EMAIL**

**EMERGENCY CONTACT INFORMATION** 

☐ 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.

Private Sitter Name: \_\_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_

☐ 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.

### STUDENT PRESENCE AND ENGAGEMENT AND STUDENT CONDUCT POLICIES

All students and parents are responsible for ensuring that they are familiar with and comply with the Schools' Student Presence and Engagement and Student Conduct Policies. Copies of the policies are available in the school office and will be distributed at the beginning of the year.

### POWERSCHOOL PORTAL (Applies to Grades 7 to 12 Only)

The PowerSchool Portal provides parents access to school announcements, real-time attendance information, and student grades. Parents can log into a secure and private web portal where they can view assessment reports of their child's progress in their classes. Parents also have the option of having attendance and/or grade reports automatically emailed to them at regular intervals throughout the year. The school will provide the necessary login information to parents at the beginning of the school year.

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Your child may be invited to participate in smudging at school throughout the school year.

As an inclusive and culturally responsive school, we are welcoming all students to learn about First Nations, Métis, and Inuit traditions.

Smudging is an Indigenous tradition that involves the burning of traditional medicines. Smudging allows people to become mindful and centered, better able to hear, see, think, speak, and act in a good way. Participation is always voluntary. It is done in a designated area on school grounds and is approved by the Division's Workplace Health and Safety Officer to ensure that there is proper ventilation. More information about smudging is available by contacting the school. To participate in smudging, this consent form must be completed and returned to the classroom teacher.

l grant	tp (Student's Name)	ermission to:
	(Student's Name)  □ Participate in smudging at the school.	
	☐ Only observe smudging at school.	
	☐ Leave the room during the smudging event.	
'	Leave the room during the smadging event.	
Comm	nent(s):	
Parent	t(s)/Guardian(s) Name:	
Signat	ture:	Contact #(s):
FAMIL	LY LIFE (Potentially Sensitive Content)	IHAE-E-2
	hysical Education/Health Education curriculum is mandate buse, personal safety and human sexuality is considered	d by Manitoba Education. Content related to substance use potentially sensitive.
Manito relation teache	oba Education recognizes that the prime responsibility the nships, consent and sexually transmitted and blood bor	appropriate for the local school and community context. for education about issues of sexuality, including healthy ne infections, rests with the family. It is clear to parents, st have knowledge, skills, guidance and support if they are ons.
should		students at all grade levels to decide whether the student ntent, <u>or</u> delivery in an alternative setting of their choosing. d prior to the program delivery.
	☐ <b>Yes</b> , I give my child permission to <b>receive school-ba</b> in the Physical Education/Health Education Curriculum.	sed delivery of the potentially sensitive content as outlined
OR		
	Education/Health Education Curriculum in an alternati	potentially sensitive content as outlined in the Physical ve setting. I understand that I am responsible for ensuring urces and curriculum materials are available through your www.edu.gov.mb.ca/k12/cur/physhlth/resources.html
Parent	t/Guardian Signature:	Date: / /

### **ANCESTRAL AND CULTURAL IDENTITY**

The St. James-Assiniboia School Division is itself comprised of staff and students from diverse communities. It asserts its commitment to appreciating, respecting, accommodating and supporting human diversity in all its forms (identities). This commitment is based on the following beliefs:

- Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world and is fundamental to the public education system.
- Safe, caring and inclusive environments are necessary to fulfill our purpose.
- Heterogeneous groups facilitate creativity, problem solving, and the exchange of new ideas and they enrich the experience of our staff and students.
- All individuals have the right to be treated respectfully in all matters solely on the basis of their personal identity

For the complete Human Diversity Policy, please review St. James-Assiniboia Policy AC – Respect for Human Diversity.

### **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\/h) of The Freedom

of Information and Protection of Privacy Act as it is necessary for and interpretation and improve programs.)	
1. I, (name of parendam amount of the submitting my child's Indigenous Identity Declaration for ☐ Am making changes to my child's Indigenous Identity Declaration ☐ Already submitted my child's Indigenous Identity Declaration	laration
2. Is your child an Indigenous person, that is, First Nation, Métis Non-Status Indians	s, or Inuk (Inuit)? Note: First Nations include Status and
f "Yes", mark the square(s) that best describe(s) your child now	r.
☐ Yes, First Nation (Status or Non-Status Indian) ☐ Yes, Métis ☐ Yes, Inuk (Inuit)	
3. Which best describes your child's Indigenous cultural-linguist speak the language. Please select up to two choices:	ic identity? Please note that your child does not need to
☐ Anishinaabe (Ojibway/Saulteaux) ☐ Dene (Sayisi) ☐ Anisininew (Oji-Cree) ☐ Inuktitut	<ul><li>☐ Ininiw</li><li>☐ Dakota</li><li>☐ Michif</li><li>☐ Other (please specify)</li></ul>
For more information about Indigenous Identity Declaration, ple	ase contact:
Indigenous Excellence 1577 Dublin Avenue Telephone: 204-945-7886 Email: <u>ie@gov.mb.ca</u> Or visit the website at: <u>http://www.edu.gov.mb.ca/iee/abidenters.</u>	tity.html

Parent/Guardian Signature:	Date:			
		mm	dd	VVVV

### **Ancestral or Cultural Identity**

Permit Expiry Date: \_\_\_\_\_

where all cultures/identities are respected and celebrated. We believe that this fosters a strong sense of belonging for students. ☐ Black, African, Caribbean, or Afro-Caribbean (e.g. Jamaican, Nigerian, Ethiopian, Somalian, etc.) ☐ East Asian (e.g. Chinese, Korean, Japanese, Mongolian, Taiwanese, etc.) ☐ Latin American (e.g. Hispanic, Latino, Mexican, Haitian, Dominican, etc.) ☐ Middle Eastern or North African (e.g. Arab, Iranian, Syrian, Lebanese, Egyptian, Turkish, etc.) ☐ South Asian (e.g. Indian, Bangladeshi, Pakistani, etc.) ☐ South East Asian (e.g. Filipino, Thai, Vietnamese, Indonesian, etc.) ☐ Oceanian or Pacific Islander (e.g. Hawaiian, Samoan, Tongan, Fijian, New Guinean, Polynesian, etc.) ☐ Central Asian (e.g. Afghan, Kazakh, Kyrgyz, Tajiks, Uzbeks, etc.) ☐ European (e.g. Eastern/Western European, Irish, Polish, Greek, French, Italian, Icelandic, Norwegian, etc.) Languages Spoken and Citizenship Student's First Language: ☐ English ☐ French ☐ Other: Language(s) spoken at home: ☐ English ☐ French ☐ Other; please specify (example: Arabic, Hindi, Tagalog): 1. \_\_\_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_ Country of Birth: 

Canada 

Other (please specify): \_\_\_\_\_\_ Country of Citizenship: ☐ Canada ☐ Other\*\* (please specify): \_\_\_\_\_\_ Entry Date in Canada (Month and Year): Entry Date in Manitoba (if different): \*\*If other citizenship, please indicate status in Canada:

The St. James-Assiniboia School is inviting parents of students to voluntarily declare their ancestral or cultural identity. This information can help us understand the diverse backgrounds of our students to create an inclusive environment

Please note: Copies of status in Canada documents <u>must be provided</u> at the time of registration.

☐ Permanent Resident ☐ Study Permit ☐ Work Permit ☐ Visiting Forces Act ☐ Refugee Claimant ☐ International

### PARENT/GUARDIAN AND STUDENT CONSENT FOR SEARCH & USE OF LOCKER

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:		<i>I</i>	1
		mm	dd	уууу
Parent/Guardian Signature:	_ Date:		<i>I</i>	1
		mm	dd	уууу

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** 

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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.

School:	
Student Name: (Print)	Grade:
	have read, or will ensure that I read, and agree to support the Division's C-R, IJNDC-E-2, JK) (Parent or guardian signature required for students
Student Signature:	Date:
Parent/Guardian Signature:	Date: / /

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.

Last Name:	First Name:	
	natures I release preferences and sign below. If you have a nedia release, please speak with your school admir	
1. Permission for School Year	book Use	
	he St. James-Assiniboia School Division permission to p deo/audio recording in the print or digital version of the s	· ·
OR		
· · · · · · · · · · · · · · · · · · ·	nt the St. James-Assiniboia School Division permission r video/audio recording in the print or digital version of th	•
2. Permission for All Other Me	edia Use	
•	the St. James-Assiniboia School Division, and other med (or my) photograph, work samples, video and or audio re pove.	•
OR		
•	rant the St. James-Assiniboia School Division, and other my child's (or my) photograph, work samples, video and tailed 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:/
Name of Parent or Guardian (	(Print):(Required for students less than 18 years of age)	
Parent/Guardian Signature:		Date: / /

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.

(Required for students less than 18 years of age)

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Last Name:	Firs	st Name:	_
	Grado 7 Visual Au	rts or Rand Ontions	
	Grade / Visual Ar	ts or Band Options	
•	, , , , , , , , , , , , , , , , , , , ,	ticipate in either four periods of Visual A	
-		uild upon their grade 6 experience and nd performance. Visual arts classes cor	•
		ortistic mediums such as sketch, paint ar	
Pleas	se select vour child's preference	in either Band or Visual Arts with	an "X":
	,		
			1
	Band	Visual Arts	
Creative Arts (	Classes at Lincoln: In addition to your o	child's selection of Band or Visual Arts al	oove. thev will
	-	f artistic experiences throughout the year	· ·
J	ir growth in artistic creation, appreciat twice per six-day school cycle for two	tion, movement, and design. Creative A	rts Education
Classes occurs	twice per six-day scribbl cycle for two	perious.	
Parents/Guardian	ns Signature:	Date:	
. arenes, oddraidin			

# LUNCH PROGRAM REGISTRATION

(Please complete <u>both sides</u> of the page)
\*\*\*\*This form will be stored separately from the registration form

\*Please circle if you would like Full time or Part time Lunch Program

# 1. FULL TIME

Students who are Full Time are expected to be present every lunch hour unless a permission note or email is sent to school office. All parents/guardians will be contacted if your child is full-time and absent without permission.

# OR

# 2. PART TIME

Students are welcome to stay for lunch daily. Permission to leave the school for the lunch hour is not required. Students who choose to leave the school at lunch must leave at 11:55 am and return no earlier than 12:55 pm.

Student SURNAME:	FIRST NAME:		
Parent Name:	Phone #1:		
	Phone #2:		
Parent Name:	Phone# 1:		
	Phone# 2:		
Does your child have any medical conc	erns or allergies: YES _	or	NO
(Please specify)			
IN CASE OF EMERGENCY AND PARENTS CONTACTS:	CANNOT BE CONTACTEI	O, PLEASE	PROVIDE TWO
Name:	Phone:		_
Name:	Phone:		_
In case of emergency, I give permission for hospital for medical treatment.		to be tak	en to the
DATE: PARENT/GUARDIAN	SIGNATURE:		
	SEE OVER		

# **Lincoln Middle School Lunch Program**

It is the policy of the St. James-Assiniboia School Division that students should **go home** for lunch unless this is not feasible for reasons of: distance, severe weather, involvement in organized lunch hour activities, health problems or physical disabilities. The school has the authority to cancel a student's lunch privilege if it is abused.

### **Lunch Program Rules:**

- 1. Students must demonstrate **respect** for lunchroom supervisors, other students, and school property by:
  - a. Eat their lunch in their own homeroom classrooms from 12:00 12:20 dismissal bell.
  - b. Eating their own food without disturbing others. (ie: no throwing food, no taking other lunches, no horseplay, etc.)
  - c. Listening to the lunchroom supervisors and following their instructions.
  - d. Helping to maintain a clean classroom, school, and school grounds. (ie: do not leave garbage on a desk, lunchroom floor, or other school grounds, etc.)
  - e. Move quickly to an activity or to the back school grounds. Students may not leave school property. If students are not involved in a lunch hour activity, they will only be allowed to stay inside with written parental permission and during extreme weather conditions.
  - f. Participating in schoolyard activities in a non-aggressive manner.
- 2. Parents who have indicated that their child will be involved "Full Time" in the lunch program must give written permission before the student will be allowed off school grounds.

(ie: have lunch at a friend's house, go to Tim Horton's, etc.)

At Lincoln Middle School we work with students to resolve conflicts and minimize disruptions to programs. We will follow a progressive discipline model which could include meeting with students and parents, to suspension of privileges.

\*The school reserves the right to immediately suspend lunch privileges if a violent incident occurs.

I understand these rules and will demonstrate appropriate respect for the lunchroom supervisors, other Lincoln students, and our school.

Student Name (Print):
Student's Signature:
Parent/Guardian Signature:
Date:

Last Nam	e:		_ First Name:	·	
TRANSPO					
The St. Jame	es-Assinib	oia School Division Transportation Policy is s	subject to change.		
Please not update you routes.	te: At this after Nov	s time, <u>no purchase seats will be offer</u> vember 1, 2025 if an opportunity to apply	ed for the 2025-26 school year. Ye for purchase seats becomes avai	Your catchment school will ilable, based on individual	
Eligible Ric	ders:				
□ 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. <b>NOTE:</b> 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.			
Transporta	ation Add	lress Information:			
		Pick-up	Drop-o	off	
		ame as home address ifferent address* ot required	☐ Same as hor ☐ Different add ☐ Not required	me address dress*	
(*) If the pic	ck-up/drop	o-off address is <b>different</b> from home add	lress, please indicate below:		
Daycare Address:			Phone Number:		
Daycare Name:			Daycare Signature:		
	e applied fo	or alternate addresses. s not eligible for transportation but your dayca	are address is eligible, a fee for transp	ortation <u>will</u> be applied.	
Rural (Hea	dingley)	Students – Billet Contact:			
		act person (step-parent, relative, friend) vent weather where busses have been c		and accommodate your child	
Contact Name:			Relationship to Student:	<del>-</del>	
Home Phor	ne:	Cell Phone:	Work Phone:		
Address:			Town:		
Exceptiona	al Needs	Information:			
Requires as (*Please for		: □ Yes* ith school office and submit a Personal 1	Fransportation Plan (PTP) Applicat	tion)	
		e School Bus Rules (Policy EEAA-E-1) a cy EEAEC/JICC.	and understand failure to adhere m	nay result in loss of busing	
	**If	this information changes at any time thro	oughout the year, please inform the	e school.**	
Parent/Gua	ardian Si	gnature:	Da	nte:/	
				iiiii uu yyyy	
Sch	nool Use	<b>Only:</b> □ Child is an eligible rider □ l	Exceptional Needs/Special Program	m □ Daycare Fee	

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.

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