



Great Schools for
Growing and
Learning

GEORGE WATERS MIDDLESCHOOL

190 Ferry Road, Winnipeg
Manitoba, R3J1V7
Phone: 204-888-4898 Fax: 204-832-7657

Student Registration 2017-2018

Grade: 6, 7, 8 (Please circle)

To be completed by the parent/guardian. The registration form must be accurate and complete.

Previous School Attended: _____ Previous Grade: _____

STUDENT INFORMATION

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

Gender: M F Birth Date (mm/dd/yy): _____ / _____ / _____

Home Phone Number: _____ Student Cell Number: _____

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

Manitoba Education (MET) #: _____ Social Insurance Number: _____

FAMILY INFORMATION

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

Joint Mother Father Guardian Child and Family Services

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

If joint custody, who has primary care and control: _____

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

Other Related Information: _____

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

Parent Name(Mother/Father/Other): _____ Relationship to Student: _____

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

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

Name of Employer: _____ Email Address: _____

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

Parent Name(Mother/Father/Other): _____ Relationship to Student: _____

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

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

Name of Employer: _____ Email Address: _____

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

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

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

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

Name of Employer: _____ Email Address: _____

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

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

Language, other than English spoken at home: _____

MEDICAL INFORMATION

Manitoba Health# (9-Digit): _____

Doctor's Name: _____ Doctor's #: _____

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 Please Specify: _____

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 – Winnipeg Regional Health Authority)?

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. _____

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

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 organizations so that I may be contacted for special functions that are carried out by school parent organizations. Yes No

Canada's Anti-Spam Legislation:

I consent to receive information in the form of newsletters, school updates, and announcements regarding division and school activities, including fundraising and promotions via email.

Email address: _____

Special announcements and events are also broadcasted using the divisional Synrevoice call out system.

POWERSCHOOL PORTAL (Grades 7 – 12)

The PowerSchool Portal provides parents access to school announcements, real-time attendance information, and most importantly, student grades. Parents can log into a secure and private web portal where they can view detailed 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.

BUSSING (Grades 7 & 8)

Transportation for Grade 7 and Grade 8 students is on a **purchase seat** basis (**except Brooklands Students**). An application is to be filled out, accompanied by 10 postdated cheques (September 1st to June 1st) made payable to the school your child will be attending. The cost is \$42/month for both ways or \$21/month for one-way. If there is more than one child riding, the second child (and all subsequent children) ride for half the amount that the first child is paying. Application forms for bussing may be picked up from the school office.

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.

STUDENT/PARENT SIGNATURES

The personal information is being collected under the authority of The Public Schools Act and the Education Administration Act for school division related 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.

I agree to provide a birth certificate for the child (if not previously submitted), a Manitoba Health card for the child and two official documents with the current address of the legal guardian(s). I understand and agree that by providing false, misleading or incomplete information in this application it will constitute just cause for possible withdrawal from school.

NOTE: If you would like to make changes to the information you have provided, it is your responsibility to contact the school.

I have read, understand and agree with the statements on this registration form. (Student and parent/guardian signatures are mandatory.)

Student Name (please print): _____ Student Signature: _____

Date: _____

Parent/Guardian Name (please print): _____ Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

MET# _____ Resident Division: _____ Prev. School: _____

Entry Date: _____ Eng. Catchment: _____ Address Verified: _____ MB Health Card: _____

Birth Cert: _____ Internet: _____ Media Release: _____ Family Life: _____ Student Effects: _____ Bus: _____ (Reg Purch.)

FAMILY LIFE (Potentially Sensitive Content)**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.

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 (eg. church, community group, professional counselor, home). 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/curriculum.html>.

Parent/Guardian Signature: _____ **Date:** _____

PARENT/GUARDIAN AND STUDENT CONSENT FOR USE OF LOCKER**JIHA-E-1**

Lockers are the property of the St. James-Assiniboia School Division. The Division reserves the right to inspect the contents of a locker at any time. As such school administrators have the authority to inspect students' lockers 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.

In order for a student to be issued a locker in school, both parent/guardian and student must sign the Parent/Guardian and Student Consent for Use of Locker 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).

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

I have read, understand and agree with the above.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

INTERNET USE PARENT ADVISORY**IJNDC-E-2/IJNDBA-E-2**

The St. James-Assiniboia School Division (SJASD) strongly believes that the internet provides a valuable resource 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. Please be advised that access to Division computers will also include supervised access to the internet. St. James-Assiniboia School Division will not be held responsible for supervising students who access the internet on their own for purposes other than classroom educational activities.

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. SJASD will not be held responsible for information that students voluntarily choose to share about themselves.

(Policy IJNDC, IJNDC-R, IJNDBA, IJNDBA-R)

I fully understand and agree to comply with the Division policy regarding my responsibilities as a St. James-Assiniboia School Division student as they pertain to my use of Information Technology.

School: _____

Student Name: _____

Grade: _____

Student Signature: _____

As a parent or guardian of the above student, I support the Division policy and agree that access to technology as provided by the School Division is to be used for educational purposes only. *(Parent or guardian signature required for students less than 18 years of age)*

Name of Parent or Guardian (print): _____

Signature of Parent or Guardian: _____

Date: _____
(Policy IJNDC, IJNDC-R, IJNDBA, IJNDBA-R)

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 Policy 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 its 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...

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

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 the web 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 check one option and sign below:

- YES, I DO** grant the St. James-Assiniboia School Division permission to publish my child's 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 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.

Name of Parent or Guardian (Print): _____

Signature of Parent or Guardian: _____

Date: _____

(Policy IJNDC, IJNDC-R, IJNDBA, IJNDBA-R)

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. Note that consent of parents/guardians may be withdrawn at any time.

ABORIGINAL IDENTITY DECLARATION 2015-2016

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, _____, (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.

2. Is your child an Aboriginal 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 Aboriginal cultural-linguistic identity? 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 Aboriginal Identity Declaration, please contact:

Aboriginal Education Directorate – Murdo Scribe Centre

510 Selkirk Avenue

Telephone: (204) 945-7886 Toll Free: 1-800-282-8069 Ext. 7886 Fax: (204) 948-2010

Email: richard.perrault@gov.mb.ca

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

Student Name (please print): _____

Parent/Guardian Signature: _____

OPTIONS (CHOOSE ONE AT YOUR GRADE LEVEL)

GRADE 6	GRADE 7	GRADE 8
_____ BAND	_____ BAND	_____ BAND
_____ VISUAL ART	_____ VISUAL ART	_____ VISUAL ART
	_____ DIGITAL ART	_____ DIGITAL ART

HOCKEY

_____ YES (Cost of \$55.00 per month for 8 months or \$440.00 per year)

STUDENT FEES

\$25 Student Fee

\$15 Yearbook

(PAYABLE AT TRIAD CONFERENCES AT THE BEGINNING OF THE YEAR)